

VILLAGE OF BARBOURSVILLE
P. O. BOX 266
BARBOURSVILLE, WV 25504
304-736-8995 EXT. 27

PLUMBING PERMIT APPLICATION

DATE OF APPLICATION _____

WV CONTRACTORS LIC# _____ BLDG PERMIT # _____

LOCATION _____

OWNER _____

KIND OF BUILDING _____ USED AS _____

TO BE COMPLETED ABOUT _____ CONTRACT AMT _____

OLD - NEW BUILDING NUMBER _____

TYPE	NUMBER
STACKS	
SINKS	
BATHS	
WATER CLOSET	
LAVATORY	
TANK & HEATER	
LAUNDRY TRAY	
WATER DISTRIBUTION	
FLOOR DRAINS	
SEWAGE EJECTOR	
FOUNTAIN (DRINKING)	
SUMP	
SHOWERS	
URINAL	
CATCH BASIN	
DISHWASHING MACHINE	
HUMIDIFIER	
GARBAGE GRINDER	
WASHING MACHINE	
SPECIAL WASTES	
RAINWATER LEADERS	
MISC. FIXTURES	

CONTRACTOR'S NAME & ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PLEASE CALL OUR OFFICE 24 HOUR IN ADVANCE TO SCHEDULE INSPECTIONS.

ALLOW 2 BUSINESS DAYS FOR PROCESSING AFTER RECEIPT OF APPLICATION.