

POLK COUNTY PUBLIC WORKS  
5885 NE 14<sup>TH</sup> STREET, DES MOINES, IA 50313  
**2013 PLUMBING PERMIT**

PERMIT NO: \_\_\_\_\_

JOB SITE ADDRESS: \_\_\_\_\_ TOWNSHIP: \_\_\_\_\_

OWNER: \_\_\_\_\_ PARCEL # if no address available : \_\_\_\_\_

**THE UNDERSIGNED HEREBY MAKES APPLICATION TO PERFORM WORK AS DESCRIBED HEREON:**

**DWELLING:** NEW \_\_\_\_ EXISTING \_\_\_\_      **ACCESSORY STRUCTURE:** NEW \_\_\_\_ EXISTING \_\_\_\_

**OTHER/COMM:** NEW \_\_\_\_ EXISTING \_\_\_\_

PLUMBING  
CONTRACTOR NAME: \_\_\_\_\_

**\*STATE MASTER  
LIC # & EXP DATE:** \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_-

Email: \_\_\_\_\_

(permits and certificate of compliance will be emailed when an email is provided)

\_\_\_\_ I affirm the work described in this application is accurate and correct to the best of my knowledge and belief and that I am licensed to perform plumbing work.

\_\_\_\_ I affirm the work described in this application is accurate and correct to the best of my knowledge and belief and that I am the owner of this dwelling performing work on my new home.

I understand **work must commence within 180 days from the permit issuance date, and be completed and inspected within one year from the issue date**, or this permit will be null and void.

I understand all work must be inspected and approved by Polk County prior to concealing any installation **and I must call for the final inspection for the plumbing permit**. I further understand that a Certificate of Compliance is required in accordance with applicable codes and ordinances.

\_\_\_\_\_  
Printed Name of Contractor

\_\_\_\_\_  
Signature of Contractor

\_\_\_\_\_  
Date

**Call 286-3352 by 9 A.M. for an inspection on the same day.**

Description of Work	No.	Fee Each	Total
Water Service – Installation, Change, Repair		<b>\$52.00</b>	
Sewer Service – Installation, Change, Repair		<b>\$52.00</b>	
Fixtures:			
<input type="checkbox"/> Backflow Preventer	<input type="checkbox"/> Sewage Eject		
<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Sink		
<input type="checkbox"/> Drinking Fountain	<input type="checkbox"/> Sump Pump		
<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Tub/Shower		
<input type="checkbox"/> Garbage Disposal	<input type="checkbox"/> Urinal		
<input type="checkbox"/> Grease Trap	<input type="checkbox"/> Water Closet	<b>\$7.50</b>	
<input type="checkbox"/> Lavatories	<input type="checkbox"/> Water Heater		
<input type="checkbox"/> Roof Drain	<input type="checkbox"/> Water Softener		
<input type="checkbox"/> Fixtures Not Listed			
Reconstruction – Drain, Stack, Vent		<b>\$45.00</b>	
Subtotal			
Basic Fee			<b>\$31.00</b>
<b>Total Fee</b>			

Office use:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Initials: \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Receipt #: \_\_\_\_\_