

Application for

**PLUMBING and GAS PERMIT**



Office Use Only

PLUMBING A/P #: \_\_\_\_\_

BUILDING A/P #: \_\_\_\_\_

Received by I&P: \_\_\_\_\_ Date: \_\_\_\_\_

Scanned by: \_\_\_\_\_ Date: \_\_\_\_\_

Calvert County Inspections & Permit Division, County Services Plaza, 150 Main Street, Suite 201, Prince Frederick, MD 20678  
 (410) 535-2155 (410) 535-2156 (410) 535-1600 (301) 855-1243 Fax (410) 414-3283

**PROPERTY OWNER INFORMATION**

Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**PROPOSED PROJECT LOCATION INFORMATION**

Project Name: \_\_\_\_\_ Unit/Suite #: \_\_\_\_\_ Lot #: \_\_\_\_\_  
 Site Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Directions to Site: \_\_\_\_\_

**CONTRACTOR INFORMATION**

Company Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Name of Plumbing Contractor: \_\_\_\_\_  
 Calvert County License #: \_\_\_\_\_ State License #: \_\_\_\_\_ Backflow Preventer #: \_\_\_\_\_

**PROPOSED PROJECT INFORMATION**

**DESCRIPTION OF PROPOSED WORK:**

\_\_\_\_\_

**CHECK ALL THAT APPLY**

<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> Non-Profit Organization	
<input type="checkbox"/> Fire Restoration	<input type="checkbox"/> Natural Disaster		
<input type="checkbox"/> New Construction	<input type="checkbox"/> Renovate / Repair / Remodel	<b>TYPE OF STRUCTURE:</b>	
<input type="checkbox"/> Plumbing ONLY	<input type="checkbox"/> Plumbing and Gas	<input type="checkbox"/> Gas ONLY	
<b>GAS CONNECTIONS:</b>	<input type="checkbox"/> L.P	<input type="checkbox"/> Natural	<input type="checkbox"/> Medical Gas
<input type="checkbox"/> Grease Trap Installation	<input type="checkbox"/> Exterior	<input type="checkbox"/> Interior	
<b>SEWERAGE CONNECTIONS:</b>	<input type="checkbox"/> New	<input type="checkbox"/> Existing	<input type="checkbox"/> Public <input type="checkbox"/> Private
<b>WATER CONNECTIONS:</b>	<input type="checkbox"/> New	<input type="checkbox"/> Existing	<input type="checkbox"/> Public <input type="checkbox"/> Private

Fixture	Rough-In							Gas ✓	Fixture	Rough-In							Gas ✓	
	B	1	2	3	4	5	6			B	1	2	3	4	5	6		
AC w/ Drain									Laundry Tray									
Backflow Preventer									Lavatory									
Bath Tub									Oven									
Boiler									Pressure Valve Break									
Check Valve									Range Top									
Check Valve, Dbl Assemb									RPZ Valve									
Dishwasher									Sewerage Ej Pump									
Drinking Fountain									Shower									
Dryer									Sink									
Fireplace									Slop Sink									
Fire Pump									Storage Tank A/G									
Floor Drain									Storage Tank U/G									
Fryer									Sump Pump									
Furnace									Urinal									
Generator									Wash Machine									
Grease Trap									Water Closet									
Grill									Water Service									
Hose Faucet									Water Softener									
Hot Water Heater																		
Hydrant																		
Ice Maker																		
Irrigation																		
<b># Plumbing Fixtures</b>		<b># Rough-In Fixtures</b>					<b># Gas Fixtures</b>			<b># Total Fixtures</b>								

**INCOMPLETE/INCORRECT APPLICATIONS WILL NOT BE ACCEPTED AND/OR NOT APPROVED**

I am authorized by the owner to do the work herein described, and in the execution thereof, I agree to abide by the rules and regulations of the Plumbing Board of Calvert County. I further agree to request all necessary inspections including FINAL inspection.

SIGNATURE OF MASTER PLUMBER: \_\_\_\_\_ DATE: \_\_\_\_\_  
 PRINT NAME: \_\_\_\_\_  
 Approved by the Calvert County Plumbing Inspector:  
 SIGNATURE OF PLUMBING INSPECTOR: \_\_\_\_\_ DATE: \_\_\_\_\_

**PERMITS EXPIRE 2 YEARS AFTER ISSUANCE UNLESS THE PROJECT IS UNDER CONTINUOUS CONSTRUCTION**