

Loudoun County Department of Building & Development 1 Harrison Street S.E., P.O. Box 7000, Leesburg, VA 20177-7000 (703) 777-0220 www.loudoun.gov/buildingpermits Plumbing Permit Application

I am applying for a (select one) Commercial Permit C Residential Permit

CONSTRUCTION ADDITION ALTERATION TYPE Quantity/Description Quantity/Description TUBS WATER LINES WASHING MACHINES SEWER LINES SEWER/SUMP PUMPS BASINS/VANITIES ICE MAKERS SINKS JANITOR SINKS LAUNDRY TUBS BACKFLOW PREVENTERS/TESTABLE WATER HEATERS WATER SERVICE NEW REPLACE OTHER(S) (Describe below) FOONTAINS WATER CLOSETS/TOILETS ROOF DRAINS SHOWERS FIXTURES ONLY: YES NO GARBAGE DISPOSALS OPEN SITE DRAINS	Print Name of Owner/Lessee (Last Name First) or Company Name		Owner/Lessee's Phone Number			
Address (Job Location Address) Suite 'Unit # Lot # LMIS ID City (Job Location Address) YA P! City (Job Location Address) State Zip Code MCPI Or (PN) Number P! Contact Person's Name (Person To Be Called When Ready Or For Questions) Contact's Email Address Contact's Email Address Company Name Phone Number Contact's Email Address Company Name Phone Number Virginia State Locense Number Address City State Zip Code Address City State Zip Code Expiration Date Lacense Number Address City State Zip Code Expiration Date Lacense Type CONSTRUCTION NEW () AdDITION () ALTERATION Quantity/Description WATER LINES SEWER LINES SEWER LINES					В	
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GARBAGE DISPOSALS OPEN SITE DRAINS	SHOWERS		WATER FILTERS			
	DISHWASHERS		FIXTURES ONLY: YES NO			
	GARBAGE DISPOSALS			OPEN	SITE DRAINS	
EMERGENCY EYEWASH/SHOW	HOSE BIBS			EMER	GENCY EYEWASH/SHOWER	
URINALS SHAMPOO BOWLS	URINALS			SHAM	IPOO BOWLS	
GREASE/OIL INTERCEPTOR PEDICURE/DENTAL CHAIRS	GREASE/OIL INTERCEPTOR			PEDIC	CURE/DENTAL CHAIRS	
DESCRIBE OTHER(S) OR PROVIDE COMMENTS:	DESCRIBE OTHER(S) OR PROVIDE COMMENTS:			—		

PLANS MAY BE REQUIRED

I hereby certify that I have authority to make this permit application, the information is complete and correct, and the proposed work will conform to the Virginia Uniform Statewide Building Code and other applicable laws and regulations which apply to the property.

SIGNATURE OF APPLICANT		TOTAL FEE (OFFICE USE ONLY)
	OFFICE USE ONLY	
INTINALS OF PLAN REVIEWER	_ APPROVED REJECTED	DATE APPROVED