



Public Protection Cabinet
 Department of Housing, Buildings And Construction
 Division of Plumbing
 101 Sea Hero Road, Suite 100
 Frankfort, Kentucky 40601-5412
 (502) - 573 -0397, Fax (502)-573-1058

Permit No. _____
 Cost of Permit _____
 Date _____

PLUMBING CONSTRUCTION PERMIT APPLICATION

It is expressly understood that the applicant for the permit agrees and states that this installation will be in strict compliance to the State Plumbing Code.

Location _____
 (Street) (County) (City) (Subdivision)

Owner's Name _____ Address _____

Public Building, Type and Name _____ Plan No. _____ Case No. _____

CHECK EACH BLANK THAT APPLIES: New Construction Existing Unit Single Family Unit
 Multi Family (_____ Units) Other Mobile Home Modular Farmstead Exemption Not Applicable

Water Supply – Municipal _____ Private _____ Sewage Disposal – Municipal _____ Private _____ Sewage # _____

Type	No.	Type	No.	Type	No.	Type	No.
Water Closets		Sinks		Laundry Trays		Roof Drains	
Bath Tubs		Service (Sinks)		Floor Drains		Open Receptacles	
Lavatories		Drinking Fountains		Sewage Ejector Pumps		Water service (only)	
Showers		Dishwashers		Sand Traps		House sewers (only)	
Urinals		Special Fixture		Automatic Washers		Water Heaters	

Inspections	Date	Inspector	Remarks	Notes
Piping Underground			2", 3", 4", 5", 6", other _____ PVC ABS Cast Iron Other _____ Test: Air Water	
Piping Above Ground			PVC ABS Cast Iron other _____ Copper CPVC Pex Other _____ Test: Air Water	
Water Service			¾", 1", 1 ½", 2", 3", other _____ Copper PVC CPVC Pex Other _____	
House Sewer			4", 5", 6", 8", other _____ PVC ABS Cast Iron Other _____ Test: Smoke Water	
Water Heater			Serial No.	
Final Inspection				

The Department of Housing, Buildings And Construction, Division of Plumbing, is issuing this plumbing construction permit upon your request in accordance with KRS 318:134 and 815 KAR 20:150. You, the undersigned, are fully aware that you are responsible for this installation in its entirety until its completion. It is your responsibility to notify, request and obtain all inspections as required. If for any reason you fail to complete this installation, it will be your responsibility to notify the Department immediately.

Master Plumber / Homeowner Signature _____ License No. _____

Complete Address _____

Office / Home Phone Number _____ Mobile Phone Number: _____

