



Plumbing Permit

Building Inspection Division

201 N. Fourth St.
 Robstown, Texas 78380
 Phone (361) 387-4589 ext. 135

P.O Box 872
 Robstown, Texas 78380
 Fax- (361) 387-0931

| | | |
|-------------------------------|--|---------------------------|
| Owner of Property _____ | | Located At _____ |
| Lot _____ | Block _____ | Addition _____ |
| Building to be used for _____ | No. of Buildings _____ | Building permit No. _____ |
| Water Closets _____ | Water Heaters _____ | Showers _____ |
| Grease Trap _____ | Baths _____ | Urinals _____ |
| Sumps _____ | Mud Trap _____ | Lavatories _____ |
| Floor Drains _____ | Laundry Trays _____ | Air Conditioners _____ |
| Sinks _____ | Slop Sinks _____ | Foundation _____ |
| Misc. _____ | | |
| Fixture Fee \$ _____ | No. of Fixtures _____ | |
| Sewer Connection \$ _____ | | |
| Gas Fee \$ _____ | Tap in (Street) (Easement) (Extension) (Cess Pool) _____ | |
| Water Service \$ _____ | No. of Meter Loops _____ | Gas outlets _____ |
| | Furnances _____ | |
| Total \$ _____ | | |

You are hereby authorized to do the following plumbing work for _____
 Received of _____ Gas fitter and/or Licensed Plumber, the sum of _____ Dollars.

By _____

All provisions of the Plumbing Ordinance, Building Codes, Zoning Ordinance, Health Ordinance or other governing ordinances shall be complied with whether or not herein specified. I hereby accept all conditions herein above mentioned and certify that all statements herein recorded by me are true.

Date _____ By _____
 Signed _____

*This permit shall expire within 80 days from above date. If not under conditions progress.