



# 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 _____	No. of _____
for _____	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 \_\_\_\_\_

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