



PLUMBING PERMIT

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CITY OF AMARILLO DEPARTMENT OF BUILDING SAFETY (806) 378-3041
 808 S BUCHANAN PO BOX 1971, AMARILLO, TX 79105-1971
 Fax (806) 378-3085 www.amarillo.gov
Inspection line 806-342-1555 Automated system 24 Hours a day
email address: building@amarillo.gov

I. Job Location

| | | | |
|------------------------|-------|---|------------------------|
| Site Address | | | |
| Directions to site: | | | |
| Name of Property Owner | | Phone | Email Address |
| Mailing Address | | Has a building permit been obtained for this project? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT REQUIRED | |
| City | State | Zip Code | Building Permit Number |

II. Contractor/Homeowner Information (permit holder)

| | | | |
|---|-------|--|-------------------|
| <input type="checkbox"/> Contractor <input type="checkbox"/> Master <input type="checkbox"/> Homeowner <input type="checkbox"/> Irrigation <input type="checkbox"/> Water Treatment Installer | | Name of Plumbing Contractor or Homeowner | |
| Address (Street no. and Name) | | | |
| City | State | Zip Code | Telephone number |
| Email Address | | Fax | |
| Name of Master Plumber | | Responsible Master License Number | Expiration Date |
| Business/Branch Address | | City | State Zip Code |

III. Type of Job

| | | | |
|--------------------------------------|-------------------------------------|--|--|
| <input type="checkbox"/> Residential | <input type="checkbox"/> New | <input type="checkbox"/> Special Inspections | <input type="checkbox"/> Premanufactured Home Setup (State Approved) |
| <input type="checkbox"/> Other | <input type="checkbox"/> Alteration | <input type="checkbox"/> Service Only | <input type="checkbox"/> Manufactured Homes Setup (HUD Mobile Home) |

IV. Scope of Work / Description of Work To Be Done

Valuation of Work: _____
(For Commercial Projects Only)

Complete Application on Back Side

V. Homeowner Affidavit

I hereby certify the Plumbing work described on this permit application shall be **installed by myself in my own home** in which is my legal residence of record and I have not obtained or held a Plumbing permit within the past two (2) years at any other residence. All work shall be installed in accordance with the City of Amarillo Plumbing Code and **shall not be enclosed, covered up, or put into operation** until it has been **inspected and approved** by a City of Amarillo Plumbing inspector. I will cooperate with the Plumbing inspector and assume the responsibility to arrange for required inspections.

VI. Applicant Signature

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her authorized agent, and we agree to conform to all applicable laws of the State of Texas and the City of Amarillo. All information on this application is accurate to the best of my knowledge.

| | |
|---|------|
| Signature of Plumbing Contractor, Responsible Master Plumber, Water Treatment, Irrigation Installer, or Homeowner (Homeowner's signature indicates compliance with Section V Homeowner Affidavit) | Date |
| Printed Name | |

Fee Clarifications

| FIXTURES, FLOOR DRAINS, SPECIAL DRAINS, & WATER CONNECTED APPLIANCES INCLUDE: (But Not Limited To) | | | | | |
|---|------------------------|--------------|-------------------|----------------|--|
| Water Closets | Sink (any description) | Slop Sink | Drinking Fountain | Floor Drain | Connection to Make up Water System |
| Bath tub | Emergency Eye Wash | Bidet | Condensate Drain | Roof Drain | Connection to Heating System |
| Lavatories | Emergency Shower | Cuspidor | Washing Machine | Grease Trap | Connection to Filters |
| Shower Stall | Garbage Grinder | Dishwasher | Acid Waste Drain | Starch Trap | Connection to Sprinkler System (Irrigation) |
| Laundry Tray | Water Outlet Cooler | Refrigerator | Embalming Table | Plaster Trap | Water Connected Sterilizer |
| Urinal | Ice Making Machine | Water Heater | Bed Pan Washer | Water Softener | Water Connected Dental Chair |
| Autopsy | Water Connected Still | | | | Water Connected to Carbonated Beverage Dispenser |

DOMESTIC WATER TREATMENT AND FILTER EQUIPMENT: A type III license is required for the installation of domestic water treatment and filtering equipment that requires modification to an existing cold water distribution supply and associated water piping in buildings and a permit is secured, requires inspection, and the installation shall comply with the applicable code. If the enforcing agency determines a violation exists, it shall be corrected by the responsible installer. The permit application shall include the application fee, the number of water treatment devices recorded in item #3, number of drains (item #2), and the appropriate water distribution (system) pipe size fee.

MOBILE HOME UNIT SITE: WHEN item is used for sewer excavations in a new park, the permit application should include the application fee plus the number of unit sites. WHEN setting a mobile home in a park, or a modular home on private property, a permit should include the application fee, a sewer or building drain, water service and Fuel gas as required.

Instructions for Completing Application

GENERAL: Plumbing work shall not be started until the application for permit has been filed with City of Amarillo Department of Building Safety. All installations shall be in conformance with the City of Amarillo Plumbing Code. **No work shall be concealed until it has been inspected and approved.** The inspection telephone number will be provided on the permit form. When ready for inspection, call The Amarillo Department of Building Safety providing as much advance notice as possible. The inspection department will need the **job address** and **permit number**.

EXPIRATION OF PERMIT: A permit remains valid as long as work is progressing and inspections are requested and conducted. A permit shall become invalid if the authorized work is not commenced within 180 days after issuance of the permit or if the authorized work is suspended or abandoned for a period of 180 days after the time of commencing the work. **A PERMIT WILL BE CANCELLED WHEN NO INSPECTIONS ARE REQUESTED AND CONDUCTED WITHIN 180 DAYS OF THE DATE OF ISSUANCE OR THE DATE OF A PREVIOUS INSPECTION. CANCELLED PERMITS CANNOT BE REFUNDED OR REINSTATED.**