



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 Residential Permit

Print Name of Owner/Lessee (Last Name First) or Company Name _____ Owner/Lessee's Phone Number _____

Address of Owner or Lessee _____ City of Owner or Lessee _____ State _____ Zip Code _____ Building Permit No. (If applicable) _____

Address (Job Location Address) _____ Suite/Unit # _____ Lot # _____

City (Job Location Address) _____ **VA** State _____ Zip Code _____ MCPI Or (PIN) Number _____

B

OFFICIAL USE ONLY

LMIS ID _____

P: _____

Contact Person's Name (Person To Be Called When Ready Or For Questions) _____ Contact's Phone Number _____ Contact's Email Address _____

CONTRACTOR INFORMATION

Company Name _____ Phone Number _____ Virginia State License Number _____

Address _____ City _____ State _____ Zip Code _____ Expiration Date _____ A B C License Type

CONSTRUCTION TYPE NEW ADDITION ALTERATION

Quantity/Description

- _____ TUBS
- _____ WASHING MACHINES
- _____ SEWER/SUMP PUMPS
- _____ ICE MAKERS
- _____ JANITOR SINKS
- _____ BACKFLOW PREVENTERS/TESTABLE
- _____ WATER SERVICE NEW REPLACE
- _____ OTHER(S) (Describe below)
- _____ WATER CLOSETS/TOILETS
- _____ SHOWERS
- _____ DISHWASHERS
- _____ GARBAGE DISPOSALS
- _____ HOSE BIBS
- _____ URINALS
- _____ GREASE/OIL INTERCEPTOR

Quantity/Description

- _____ WATER LINES
- _____ SEWER LINES NEW REPLACE
- _____ BASINS/VANITIES
- _____ SINKS
- _____ LAUNDRY TUBS
- _____ WATER HEATERS
- _____ FLOOR DRAINS/SINKS
- _____ FOUNTAINS
- _____ ROOF DRAINS
- _____ WATER FILTERS
- _____ FIXTURES ONLY: YES NO
- _____ OPEN SITE DRAINS
- _____ EMERGENCY EYEWASH/SHOWER
- _____ SHAMPOO BOWLS
- _____ PEDICURE/DENTAL CHAIRS

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

INITIALS OF PLAN REVIEWER _____ APPROVED REJECTED DATE APPROVED _____