# City of Wilton Manors
## Community Development Services Dept.

2020 Wilton Drive, Wilton Manors, FL 33305
954-390-2180 Fax: 954-390-2184
www.wiltonmanors.com

# PLUMBING PERMIT APPLICATION

PERMIT NUMBER: _____

MASTER PERMIT NUMBER: _____

***COMPLETE ENTIRE APPLICATION***

**FOLIO #**

**GENERAL INSTRUCTIONS:** Applicant must fill in all spaces. If any space is not applicable, write N/A. The checklist of requirements for this permit type, if any, must be completed and included. Review process time may vary with the department's workload. Applicants will be notified when permit is ready. Construction work may not begin until a building permit is issued and the permit/hard card is posted. The contractor and the property owner must sign this application; only the contractor may sign for the permit.

OWNER/BUSINESS NAME: _____

PHONE: _____ FAX: _____ E-MAIL: _____

OWNER/BUSINESS ADDRESS: _____ CITY: _____ STATE ____ ZIP _____

CONTRACTING FIRM: _____ PHONE: _____

MAILING ADDRESS: _____ CITY: _____ STATE ____ ZIP _____

FAX: _____ E-MAIL: _____ LICENSE NO.: _____

JOB ADDRESS: _____ WILTON MANORS, FL ZIP: _____

ARCHITECT/ENGINEER'S NAME: _____ PHONE: _____

ARCHITECT/ENGINEER'S ADDRESS: _____

LOT/BUILDING _____ BLOCK/UNIT _____ SUBDIVISION/SHOPPING CENTER _____

PRESENT USE: _____ PROPOSED USE: _____

# OF STORIES: _____ BAYS: _____ OFFICES: _____ UNITS: _____ BEDROOMS: _____ BATHS: _____

TYPE OF WORK: ☐ ADDITION ☐ NEW ☐ ALTERATION ☐ REPAIR ☐ RENOVATION ☐ DEMOLITION TYPE OF PROPERTY: ☐ COMMERCIAL ☐ INDUSTRIAL ☐ RESIDENTIAL

ESTIMATED COST OF CONSTRUCTION **$**_____ ESTIMATED COST OF BUILDING **$**_____

TYPE OF IMPROVEMENT: *(Check one item only in each box)*

| | |
|---|---|
| ____ Construct | ____ Enclose |
| ____ Install | ____ Alter |
| ____ Add | ____ Demolish |
| ____ Repair | ____ Replace |
| ____ Other_____ | |

| | | | |
|---|---|---|---|
| ____ New Building | ____ Mechanical | ____ Patio | ____ Tenant Renovation |
| ____ New Addition | ____ Gas | ____ Screen Enclosure | ____ Clearing/Grubbing |
| ____ Roofing | ____ Fence | ____ Paving | ____ Landscape |
| ____ Electrical | ____ Sign | ____ Utilities | ____ Hurricane Protection |
| ____ Plumbing | ____ Pool/Spa | ____ Excavation | ____ Other_____ |

DESCRIPTION: _____

## ITEM TAKE-OFF

*Please identify number of items to be installed below unless otherwise indicated in **BOLD**.*

| Description | Number |
|---|---|
| Water Closet | |
| Lavatory | |
| Bath Tub, Shower | |
| Sink (Kitchen, Service, Laundry) | |
| Disposal | |
| Clothes Washer | |
| Dish Washer | |
| Water Heater (Other than Solar) | |
| Bidet | |
| Urinal | |
| Floor Drain | |
| Trap Primer | |
| Safe Waste | |
| Miscellaneous Plumbing Installation | |
| Water Service (Up to 1 ½") | |
| Water Service (Between 1 ½" & 6") | |
| Water Service (Over 6") | |
| Hose Bibb | |
| Sewer | |
| Septic Tank (Connection/Demo) | |
| Re-Piping **[Estimated Job Value]** | |
| Roof Leader Drain, Down Spout | |
| Pump | |
| Interceptor (Grease, Sand, Chemical, Lint) | |
| Catch Basin, Area Drain | |
| Exfiltration Trench **[Cubic Feet]** | |
| Soakage Pit **[Square Feet]** | |
| Garbage Can Wash, Dumpster Pad | |
| Water Filter/Conditioner | |

| Description | Number |
|---|---|
| Mobile Home Hookup (Sewer/Water) | |
| Medical Gas Outlet | |
| Dry Cleaning Equipment | |
| Lawn Sprinkler System | |
| Lawn Sprinkler Heads | |
| Well **[Inches]** | |
| Residential Swimming Pool | |
| Commercial Swimming Pool | |
| Spa, Hot Tub, Sauna | |
| Pool Heater | |
| Post Indicator Valve | |
| Siamese Connection | |
| Fire Hydrant | |
| Detector Check Valve | |
| Fire Sprinkler Heads | |
| Hose Cabinet, Rack Sprinkler | |
| Standpipe | |
| Vacuum System **[Openings}** | |
| Air Compressor **[Openings}** | |
| Process Piping **[Openings}** | |
| Solar Water Heater **[Panels]** | |
| Residential Pool Solar Heater | |
| Commercial Pool Solar Heater | |
| LP Gas Tank **[Gallons]** | |
| LP Gas Meter | |
| LP Gas Connection | |
| Backflow Device (Under 1") | |
| Backflow Device (Between 1" & 2") | |
| Backflow Device (Above 2') | |

**PERMIT NUMBER:** _____ **MASTER PERMIT NUMBER:** _____

**BUILDING CODE IN EFFECT IS THE 2010 EDITION OF THE FLORIDA BUILDING CODE WITH THE 2012 AMENDMENTS**

**CONTRACTOR'S AND/OR OWNER'S AFFIDAVIT:** Application is hereby made to obtain a permit to do the work and installation as indicated. I certify that no work or installation has commenced prior to the issuance of said permit, that no violations exist and that all work will be performed to meet the standards of all laws regulating construction in the City of Wilton Manors and the Florida Building Code, whether specified in this application and accompanying plans or not. I understand that a separate permit must be acquired for ELECTRICAL, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, AIR CONDITIONERS, ETC.

**NOTICE:** In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies or federal agencies.

**OWNER'S AFFIDAVIT:** I certify that all work will be done to comply with all Federal, State and County laws, rules and regulations and resolutions regulating construction and zoning, and further state that no violation or expired permit issues exist on this property. I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning. I certify that the City of Wilton Manors has no liens against this property at this time.

_____
SIGNATURE OF OWNER OF PROPERTY

_____
PRINTED NAME OF OWNER OF PROPERTY

State of Florida
County of Broward
NOTARY PUBLIC
SEAL OF OFFICE

On this, the ____ day of _____, 20___, before me, the undersigned Notary Public of the state of Florida, personally appeared _____ and whose name(s) is/are subscribed to the within instrument, WITNESS my hand and official seal:

Personally known to me, or produced identification (list type of identification provided): _____

☐ DID take an oath ☐ DID NOT take an oath

_____
NOTARY

_____
SIGNATURE OF CONTRACTOR

_____
PRINTED NAME OF CONTRACTOR

FLORIDA STATE CERTIFICATION #_____ OR
BROWARD COUNTY CERTIFICATE OF COMPETENCY #_____

State of Florida
County of Broward
NOTARY PUBLIC
SEAL OF OFFICE

On this, the ____ day of _____, 20___, before me, the undersigned Notary Public of the state of Florida, personally appeared _____ and whose name(s) is/are subscribed to the within instrument, WITNESS my hand and official seal:

Personally known to me, or produced identification (list type of identification provided): _____

☐ DID take an oath ☐ DID NOT take an oath

_____
NOTARY

**WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE SITE INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT YOUR LENDER OR ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.**

## NOTES AND SIGN-OFF (OFFICE USE ONLY)

Approved by – Plumbing: _____ Date: _____ [Fire *(if applicable)*: _____ Date: _____]

| | Required Inspections | |
|---|---|---|
| | Gas Interior Piping | |
| | Gas Exterior Piping | |
| | Temporary Sanitary Facilities | |
| | Gas Tank | |
| | Main Drain | |
| | Pool Piping | |
| | Water Service | |
| | Plumbing Underground | |
| | Septic Tank Abandoned | |
| | Sewer Underground | |
| | Plumbing Rough Piping | |
| | Grease Trap | |
| | Mobile Home Hook-up | |
| | Storm Sewer | |
| | Backflow Certification | |

| | Required Inspections | |
|---|---|---|
| | Dumpster Pad Drain | |
| | Catch Basin | |
| | Top Out | |
| | Tub | |
| | Special Inspection Plumbing | |
| | Condensate Drains | |
| | Fire-Stand Pipe | |
| | Plumbing Pressure Test | |
| | Fire Underground | |
| | Fire Sprinkler System | |
| | Irrigation Connections | |
| | Well | |
| | Plumbing Underground Flush Test | |
| | Plumbing Underground & 200lb Pressure Test | |
| | Plumbing Above Ground Rough & 200lb Pressure Test | |

| | Required Inspections | |
|---|---|---|
| | Plumbing Flush Test | |
| | Plumbing Fire Backflow | |
| | Drainage Tie-In | |
| | Sewer Main/Lateral Tie-In | |
| | Fire Sprinkler Pressure Test | |
| | Fire Marshal Final | |
| | Fire Sprinkler Underground Final | |
| | Fire Sprinkler Final | |
| | Fire Underground Rough Piping | |
| | Fire Underground Flush Test | |
| | Fire Above Ground Rough Piping | |
| | Fire Above Ground Rough & Pressure | |
| | Fire Underground Rough & Pressure | |
| | Plumbing Final | |
| | | |