



WORCESTER COUNTY DEPARTMENT OF ENVIRONMENTAL PROGRAMS

One West Market Street, Suite 1306, Snow Hill, MD, 21863, 410-632-1220

13070 St. Martins Neck Road, Bishopville, MD, 21813, 410-352-3289

PLUMBING AND/OR GAS PERMIT

Plumbing

Permit # _____ Rec'd Date: _____

Gas

DRP Permit # _____ Issue Date: _____ *

**Permit valid for One Year*

GENERAL INFORMATION:

Property Owner Name: _____ Address: _____

Property Location: _____

Tax Map: _____ Parcel: _____ Section: _____ Block: _____ Lot: _____ Tax ID #: _____

Service Area - Water: _____ Service Area - Sewer: _____

Number of EDU's: _____ Town/Subdivision/Community: _____

Floodplain Designation & Elevation: _____ Building Permit No.: _____

Plumber Name: _____ License No.: _____

Plumber Address: _____ Phone #: _____

Email: _____

PROPERTY INFORMATION:

Single Family: Stick Built Modular Mobile Addition Lawn Irrigation

Multi-Family: Duplex Townhouse Condo Hotel Motel Apt # Units: _____

Commercial: Shopping Ctr. Restaurant Office Amusement Bank Other: _____

Size of Service: _____ No. Services: _____ Equivalent Dwelling Unit Rating For Permit: _____

Sewer: Private Public New Existing

Water: Private Public New Existing

I hereby understand that drawings and specifications are required for which the application is made. I shall furnish such drawings and specifications. I acknowledge that I have read this application and that the above information is correct and that I agree to comply with all local and state plumbing regulations. I further understand that it is my responsibility to give the required advance notice to the Department of Environmental Programs when plumbing work is ready for testing and final inspection. I certify that I am properly registered and bonded as required by Worcester County and that I am a duly licensed Master Plumber of the State of Maryland.

Applicant Name: _____ Signature: _____ Date: _____

Address: _____ Phone #: _____ Email: _____

PERMIT CHARGES (see fee schedule)

Admin. Fee Plumbing: _____ Water Connection/Meter Fee: _____

Inspection Fee Plumbing: _____ Sewer Connection/Tank Fee: _____

Admin. Fee Gas: _____ FCI (per EDU): _____

Inspection Fee Gas: _____ Other: _____

Total Permit Fee: _____

Payment Type: _____ Check No.: _____ Phone #: _____

Payment made by: _____ Address: _____

FIXTURE	NUMBER	TOTAL	FIXTURE	NUMBER	TOTAL
Kitchen Sink			Garbage Disposal		
Dishwasher			Auto. Washer		
Laundry Tub/Tray			Water Closet		
Lavatory			Bath Tub		
Shower			Urinals		
Drinking Fountains			Sinks other		
Repair/Replace House Sewer			Lawn Irrigation		
Other			Gas		

Total Number of Fixtures: Domestic: _____ Commercial: _____

Comments: _____

OFFICE USE ONLY:

INSPECTION	DATE	INSPECTOR	COMMENTS
<u>R.I. Building Drain:</u>			
Grade			
Pipe Gauge			
Water Test			
<u>R.I. Inside:</u>			
Vents			
Joints			
Hangers/Supports			
Pipe Gauge			
Water Test			
Water System			
<u>R.I. Sewer Drain:</u>			
Grade			
Pipe Grade			
Connection/Tap			
Clean Outs			
Water Test			
<u>Final Inspection:</u>			
Clean Outs			
Fixture Inspection			
Smoke Test			
Well Connection			

COMMENTS:
