



# 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, 410-352-3057

## PLUMBING AND/OR GAS PERMIT

Plumbing

Gas

Permit # \_\_\_\_\_ Rec'd Date: \_\_\_\_\_

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:**

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