



CITY OF GLENDALE — BUILDING AND SAFETY
 633 E. Broadway, Room 101 Glendale, CA 91206
 (818) 548-3200, (818) 548-4830 (Inspection)
PLUMBING PERMIT WORKSHEET

Please complete the section below clearly, legibly and in ink.

Permit No. **BP** _____

ALL RATED WALLS & FLOORS SHALL BE SHOWN ON THE PLUMBING PLANS PRIOR TO SUBMITTAL. IDENTIFY THE RATING AND LOCATION OF ALL PENETRATIONS.

Job Address (Include Zip Code)			
Permit Information		Has work started? <input type="checkbox"/> Yes	
Is this work related to a Building Permit <input type="checkbox"/> Yes <input type="checkbox"/> No		(Double the permit fee will be charged for legalization)	
Describe where the work will be done & fill out the work description on the right side of this application.			
Applicant 's Name		Phone ()	
Address (Include City and Zip Code)			
E-Mail Address:			
Property Owner's name		Phone ()	
Address (Include City & Zip Code)			
E-Mail Address:			
Licensed design professional or engineer Information:			
Name		Phone ()	
Address (Include City & Zip Code)		License No.	
CALIFORNIA LICENSED CONTRACTOR'S DECLARATION: I herby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.			
Contractor's Name		Phone ()	
Address (Include City & Zip Code)			
COMPANY NAME			
E-Mail Address:			
State License No.	Exp. Date	City License No.	Exp. Date
Contractor's Signature			

Work Description (Fill all that apply and specify quantity)	
_____ \$79.00	Issuance Fee
<input type="checkbox"/> Yes <input type="checkbox"/> No	15% Energy surcharge
<input type="checkbox"/> Yes <input type="checkbox"/> No	15% Green Building surcharge
_____ \$106.00	Minimum Inspection Fee (If the total inspection fees equal less than the minimum inspection fee specified, the minimum inspection fee shall apply).
_____ (Hrs.)	Supplemental / Revision Plan Review Fee
_____ \$79.00	Supplemental Permit to
_____	Plan Check (50% of Permit Fee, Minimum of \$84.40)
If paying with a credit/debit card a 2.5% non refundable surcharge will be assessed to your total.	
_____ \$12.70	Toilet
_____ \$12.70	Sink
_____ \$12.70	Bathtub
_____ \$12.70	Shower/Shower Pan
_____ \$12.70	Garbage Disposal
_____ \$12.70	Clothes Washer
_____ \$12.70	Dishwasher
_____ \$20.00	Residential Water Softener
_____ \$8.80	Lawn Sprinkler System
_____	0 - 5 (Vacuum Breaker)
_____ \$12.70	Drinking Fountain
_____ \$26.30	Water Heater (each and/or vent)
_____ \$12.70	Floor Drain / Sink (*)
_____ \$12.70	Urinal
_____ \$12.70	Other Fixtures
_____ \$12.70	Exterior Water Service, New or Replacement
_____ \$26.30	Boiler Steam or Hot Water
Industrial Equipment	
_____ \$84.40	Industrial Waste Interceptor (*)
_____ \$84.40	Grease Trap (*)
_____ \$6.30	Backflow Protective Device, Each
_____ \$32.60	Dental Chairs, Each (*)
_____ \$32.60	Special Equipment, Per Piece of Equipment (*)
_____ \$12.70	Miscellaneous Items, Each
Re-pipes (Single Family Dwelling) WATER SYSTEMS ONLY	
_____ \$38.50	1 Bathroom Dwelling
_____ \$58.00	2 Bathrooms Dwelling
_____ \$78.60	3 Bathroom Dwelling
_____ \$97.30	4 or More Bathroom Dwelling
Re-pipe (Multi-Family Dwelling - Per Unit) WATER SYSTEMS ONLY	
_____ \$78.60	2 Bathrooms or less per Dwelling Unit
_____ \$97.30	Greater than 2 Bathrooms per Dwelling Unit
Re-pipe (Non - Residential - Per Floor or Story) WATER SYSTEMS ONLY	
_____ \$97.30	Less Than 10,000 Sq. Ft. (Per Floor or Story)
_____ \$196.00	10,001 Sq. Ft. - 100,000 Sq. Ft. (Per Floor or Story)
_____ \$325.40	Greater Than 100,000 Sq. Ft. (Per Floor or Story)
Plumbing Group	
_____ \$254.90	Multi-Family: Kitchen & up to one Bathroom (Per Unit)
_____ \$32.60	Multi-Family: Additional Bathrooms
Gas Systems	
_____ \$12.70	Low Pressure, Each Outlet
_____ \$84.40	Medium Pressure, Added to Outlet Charge (*)
_____ \$84.40	Proprietary System, Added to Outlets
Drain & Waste Systems	
_____ \$32.60	Building Sewer
_____ \$44.40	Sewer Connection C # _____
_____ \$12.70	Repair Drain Line, Per Fixture on Line
_____ \$84.40	Sewer Cap / Cesspool
_____ \$12.70	Rainwater System, For Each Drain Inside The Building
_____ \$19.80	Sump Pump / Sewer Ejector
_____ \$8.80	Temperature and /or Pressure Relief Valve / Hi-Temp Limit Device
_____ \$	Other _____ (Refer to Fee Schedule)

Any Combination of 10 new fixtures requires plan check (*)

FOR OFFICE USE ONLY			
APN		Lot	
Tract		NAICS/Structure Use	
Floor Area	Above Grade	Below Grade	Mezz Type of Const.
Fire Sprinkler		Edition of the Code	
Comments			
P.C. Processed By:		Date:	Receipt No.
Expiration Date:			
P.C. Approved By:		Date:	
Processed By		Date:	Receipt No.

Note: Any item having this mark (*) may require plan check for multi-family (3 or more units) & commercial buildings. (Any combination of 10 new fixtures; facilities requiring Health Dept. or Industrial Waste approval, i.e. medical & dental facilities restaurants, markets, and any establishment that sells or prepares food on or off site; and systems with sewage ejection pumps/industrial waste interceptor)

