



APPLICATION FOR PLUMBING PERMIT

City of Glendale Permit Service Center
633 E. Broadway Rm. 101 (Corner of Broadway and Glendale)
Glendale, CA 91206 (818) 548-3200 and (818) 548-3215 (Fax)

Plan Check No. **BPP**

Please Type or Print Legibly in Ink

Permit No. **BP**

Job Address (Include Zip Code)			
Permit Information			
Is this work related to a Building Permit	Yes	No	
Has work started?		Yes	
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.			
Property Owner's Name		Phone ()	
Address (Include City and Zip Code)			
Engineer's Name		Phone ()	
Address (Include City and Zip Code)			
State License No.		Exp. Date	
Contractor's Name		Phone ()	
Address (Include City and Zip Code)			
State License No.	Exp. Date	City License No.	Exp. Date
Applicant's Name		Phone ()	
Address (Include City and Zip Code)			
Owner-Builder Declaration			
I hereby affirm that I am exempt from the Contractor's Law (7044, B&PC) for the following reason: I am the bonafide owner of the building described in the foregoing application. Said building is a single family dwelling used exclusively for living purposes except for the usual accessory buildings in conjunction with such dwelling: Said living quarters are occupied or will be occupied by the undersigned. I will personally purchase all materials and will perform all labor in connection with the foregoing permit.			
Signature _____		Date _____	
Owners's Compensation Declaration			
I hereby affirm that I have a certificate of consent to self-insure, or a certificate of Worker's Compensation Insurance.			
Policy No. _____		Company _____	
Signature _____		Date _____	
Worker's Compensation Exemption Declaration			
I hereby affirm that in the performance of the work for which this permit is issued, I shall not employ any person in any manner to become subject to the Worker's Compensation Laws of California.			
Signature _____		Date _____	
Final Declaration			
I certified that I have read this application and state the information supplied in this application is correct. I agree to comply with all City Ordinances and State Laws relating to building construction., and hereby authorize representatives of this City to enter upon the above-mentioned property for inspection purposes.			
Signature _____		Date _____	

Work Description (Fill all that apply and specify quantity)		
_____ \$31	Issuance Fee	
_____ \$21	Technological Surcharge of 6.8% will Apply to Permit and Plan Check Fees	
_____ \$36	Supplemental Permit to	
_____ \$	Minimum Inspection Fee (If fees below add up to less than \$36)	
_____ \$	Plan Check (50% of Permit Fee, Minimum of \$67)	
_____ \$10	Toilet	}
_____ \$10	Sink	
_____ \$10	Bathtub	
_____ \$10	Shower/Shower Pan	
_____ \$10	Garbage Disposal	
_____ \$10	Clothes Washer	
_____ \$16	Residential Water Softener	
_____ \$7.21	Lawn Sprinkler System	
_____ \$10	Drinking Fountain	
_____ \$21	Water Heater	
_____ \$10	Floor Drain (*) or Drain	
_____ \$10	Urinal	
_____ \$10	Other Fixtures	
_____ \$10	Exterior Water Service, New or Replacement	
_____ \$18	Boiler Steam or Hot Water	Any Combination of 10 new fixtures requires plan check (*)
Industrial Equipment		
_____ \$67	Industrial Waste Interceptor (*)	
_____ \$67	Grease Trap (*)	
_____ \$5.15	Backflow Protective Device, Each	
_____ \$26	Dental Chairs, Each (*)	
_____ \$26	Special Equipment, Per Piece of Equipment (*)	
_____ \$10	Miscellaneous Items, Each	
Re-pipes (Single Family Dwelling)		
_____ \$31	1 Bathroom	
_____ \$46	2 Bathrooms	
_____ \$62	3 Bathrooms	
_____ \$77	4 or More Bathrooms	
Re-pipe (Multi-Family Dwelling - Per Unit)		
_____ \$62	2 Bathrooms or less	
_____ \$77	Greater than 2 Bathrooms	
Re-pipe (Non - Residential - Per Floor or Story)		
_____ \$77	Less Than 10,000 Sq. Ft.	
_____ \$155	10,001 Sq. Ft. - 100,000 Sq. Ft.	
_____ \$258	Greater Than 100,000 Sq. Ft.	
Gas Systems		
_____ \$5.15	Low Pressure, Each Outlet	
_____ \$67	Medium Pressure, Added to Outlet Charge (*)	
_____ \$67	Proprietary System, Added to Outlets	
Drain & Waste Systems		
_____ \$26	Building Sewer	
_____ \$36	Sewer Connection	
_____ \$10	Repair Drain Line, Per Fixture on Line	
_____ \$67	Sewer Cap / Cesspool Fill	
_____ \$10	Rainwater System, For Each Drain Inside The Building	
_____ \$16	Sump Pump	
_____ \$7.21	Temperature and /or Pressure Relief Valve / Hi-Temp Limit Device	
_____ \$	Other _____ (Refer to Fee Schedule)	
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)		
FOR OFFICE USE ONLY		
Processed By _____	Date _____	Receipt No. _____
PC by _____	Date _____	
Approved By _____	Date _____	Receipt No. _____
Processed By _____	Date _____	
Revision		
Processed By _____	Date _____	Receipt No. _____
PC by _____	Date _____	
Approved By _____	Date _____	Receipt No. _____
Processed By _____	Date _____	

