CITY OF ODENVILLE

Building Department Phone (205) 629-0811 Fax # (205) 629-2984

Plumbing Permit

P.O. Box 113 12600 U.S. Hwy 411 Odenville Ala. 35120

Permit Number

Applicant to	complete numbe		nercial]				Res	ident	ial				
Job Address:														
1 Legal descri	pt. Lot#	are of the second secon	Block		Tr	ack/Subdi	visio	n						
2 Owner			Mail address			Zip					Phone			
3 General Cor	ntractor	Mail address			Phone			ne		T				
4 Sub-Contrac	ctor	Mail address			Phone				ie	City Lic.				
5 Engineer	>	Mail address			Phone				ie	City Lic.				
6 Architect		Mail address			Phone				e			<u> </u>		
7 Use of Build	ing	***************************************												
8 Class of Wo	rk New Ad	dition A	Iteration	Repair		Move		Remove		Other				
9 Describe Wo	ork:		- L	2	Immun		Id	~~~~	lamond.			2		
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		,	400			W-1994 (1974)								
Plumbing per	rmits are figured pe	r residence a	nd includes 1	toilet grou	ıp, 1	kitchen, aı	nd 1 l	laundry gro	oup at \$	75.00				
10 1 toilet gro	itional group or war up, 1 kitchen group	00 CHARGE \$75.00			TOTAL	Т					***************************************			
and laundry group 11 Each additional group or water closet		CHARGE \$25.00			TOTAL									
		×									-			
			TOTAL PER			WIT COST: \$								
SEPARATE PERMIT ARE REQUIRED FOR, EL									VENTII	ATION (OR AIR CONDI	TIONING		
THIS PERMI SUSPENDED (I HEREBY CE BE COMPLIED CANCEL THE I	T BECOMES NULL ADDRAISE ABANDONED FOR ERTIFY THAT I HAVE WITH WHEATHER PROVISIONS OF AN EMANCE OF CONST	AND VOID IF NOR A PERIOD READ AND SPECIFIED H Y OTHER ST	NORK OR COI OF 6 MONTHS EXAMINED TH EREIN OR THI	NSTRUCT S AT ANY T IIS APPLIC E GRANTI	ION A	AUTHORIZ AFTER W ON AND KI	ED IS ORK NOW	S NOT COM IS COMME THE SAME OES NOT F	MENCED. TO BE	ED WITH	IN 6 MONTHS,	OR IF V	VORK IS	
Signature of Sub-Contractor										Date				
Signature of Ov	wner (if not Builder)									Date			<u>.</u>	
Accepted by:			Approved by:								PERMIT FEE \$			
Name on Check and Driver License #								Cas	Cash \$					
NOTES		<u> </u>				,				Che	eck \$	1		
										Che	eck#			
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