DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health
Plumbing Permit and Inspection Program

RESIDENTIAL ONLY

Edgehill Shopping Center
43 S. DuPont Hwy.
Dover, DE 19901
Phone: 302-741-8600
Fax: 302-741-8631

Thurman Adams State Service Center
544 South Bedford Street
Georgetown, DE 19947
Phone: 302-515-3280
Fax: 302-515-3281

PLUMBING PERMIT APPLICATION

(PLUMBING PERMIT TO BE SECURED 24 HOURS BEFORE WORK STARTS)

Name of Plumber/Homeowner (Print or Type): _____Date_____

Homeowner's Signature & License Number of Plumber: _____

Mailing Address of Permit Holder: _____

Telephone: _____ Fax Number: _____

Builder/Contractor: _____ Property Owner: _____

JOB SITE INFORMATION

Development _____ Lot Number _____

Road Name _____ Nearest Town _____

911 Number _____ Kent County ÿ Sussex County ÿ

Directions to job site from permit office (be specific): _____

_____

_____

DESCRIPTION OF PLAN

Number of Stories_____

		FIXTURES	DRAIN PIPES		VENT PIPE	
		How Many	Size	Material	Size	Material
BATH	Water Closet					
	Lavatory					
	Bathtub					
	Shower					
	Bidet					
KITCHEN	Kitchen Sink					
	Dishwasher					
	Ice Maker					
UTILITIES	Washer					
	Utility Sinks					
	O/S Hose Bib					
	O/S Shower					
	Water Conditioner					
	Water Heater					
	Bar Sink					
	Back Flow					
OTHER						

Types of Inspections Requested: Bath ÿ Kitchen ÿ Utilities ÿ Other ÿ **(48 Hour Notice Required)**

Permit fee is $100.00. Make checks or money orders payable to the State of Delaware. View the Plumbing Code and other information at: http://dhss.delaware.gov/dhss/dph/hsp/plumbing.html.

FOR OFFICIAL USE ONLY

STICKER #

1. _____UG
2. _____RI
3. _____F

ATC No. _____

PERMIT ISSUED _____ NO: _____

_____

Plumbing Inspector