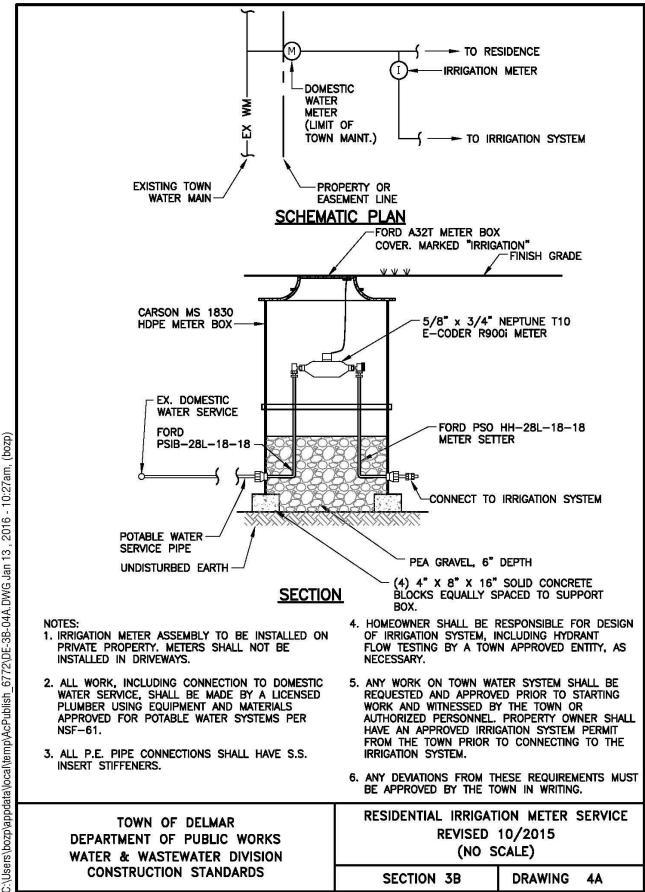
TOWN OF DELMAR Code Enforcement Officer 100 S. Pennsylvania Ave. Delmar, MD 21875 Ph: 410-896-2777/302-846-2664 Fax: 410-896-9055 www.townofdelmar.us			Tax ID #:
PLUMBING APPLICATION Project Owner Information			
Application Date:			Est. Cost of Construction: \$
Name of Property Owner(s):			
Project Address:			
Project Description:			
Type of Construction & Materia	1:		
PLUMBING CONTRACTOR'S INFORMATION			
Contractor's Name:			
Mailing Address:			Business Phone: ()
City:	State:	Zip:	Plumber License #
Water Meter:	Backflow Preventor:		Rough in - Underground:
Sewer Service Line:	Water Meter Pit:		Rough in - Aboveground:
Water Service Line:	Irrigation:		Other:
	C	ONTACT PERSON	
(Contact Person will receive <u>ALL</u> correspondence, notices and questions regarding plan review)			
Name of Contact:			Phone: () -
Email:			
I <u>hereby certify</u> that I have read & completed this application and know the same to be true & correct. All provisions of the law & ordinances governing the proposed work will be complied whether specified or not. I certify I am a registered and insured master Plumber as required by the State of Delaware and Maryland Board of Plumbing. The granting of a permission does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction of the performance of construction.			
Applicant's Name:			Phone: () -
Office Use Only	Pass:		Fail:
Water Meter #			Account #
Approvals			Date/Initials
Plumbing Code: Paviow Municipal Cla	rk/ Office Manager	Zoning Code:	
□ Review – Municipal Cle □ Review – Public Works:		Permit Fee: \$	
Review – Planning & Zo	oning:		
— T	ammand a same of a	annling tion to We	ator Treatmont Plant

Forward a copy of application to Water Treatment Plant



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