NEW CASTLE COUNTY

# Plumbing / Gas Permit Application

**DEPARTMENT OF LAND USE**
87 READS WAY, NEW CASTLE, DE 19720
PHONE: 302-395-5400 • FAX: 302-395-5444 • WWW.NCCDELU.ORG

REV. 02/28/2007

## JOB LOCATION

STREET: _____ CITY: _____

LOT: _____ SUBDIVISION: _____

TAX PARCEL NUMBER (10-15 DIGITS): _____ RELATED BUILDING PERMIT #: _____

## IDENTIFICATION

PROPERTY OWNER INFORMATION

NAME: _____ DAY PHONE NUMBER: _____

STREET: _____ CITY: _____ STATE: _____ ZIP: _____

CONTRACTOR INFORMATION

BUSINESS NAME: _____ DAY PHONE NUMBER: _____

STREET: _____ CITY: _____ STATE: _____ ZIP: _____

LICENSE HOLDER NAME: _____ NCC REGISTRATION ID: _____

LICENSE HOLDER SIGNATURE: _____ DATE: _____

☐ CHECK IF PERMIT IS TO BE PICKED UP AT NCC OFFICE

## DESCRIPTION OF WORK

_____

_____

ONLY ☑ CHECK THE WORK THAT WILL BE ISSUED UNDER THIS APPLICATION

☐ NEW
☐ REPLACEMENT
☐ RESIDENTIAL
☐ COMMERCIAL

☐ INSIDE PLUMBING
☐ INSIDE UNDERGROUND PLUMBING
☐ BUILDING SEWER TO BUILDING ..... PIPE TYPE: _____ SIZE: _____
☐ WATER SERVICE TO BUILDING ..... PIPE TYPE: _____ SIZE: _____
☐ GREASE TRAP..... SIZE: _____GALLONS
☐ DECORATIVE APPLIANCE ..... MODEL:_____ ☐ GAS ☐ SOLID FUEL
☐ GAS PIPE (GAS TEST REQUIRED) ..... PIPE TYPE: _____ GAS PRESSURE: _____
☐ GAS TEST ONLY
☐ NUMBER OF FIXTURES: ..... _____
☐ WATER HEATER ..... SIZE: _____

VALUATION OF JOB: $_____ PERMIT FEE: $_____ METHOD OF PAYMENT: ☐ CASH ☐CHECK ☐ ESCROW

**For new non-residential installations**, please include three copies of the plumbing plans, to include drain / waste / vent layout and sizing, location of valves, length of pipe runs, and BTU's of each appliance. Please note the gas pressure of supply on plans. Refer to the Application Requirements and Guidelines Form for more details.

_____ _____ _____
PLAN EXAMINER ISSUE DATE PERMIT NUMBER