



**MOBILE COUNTY HEALTH DEPARTMENT  
PLUMBING APPLICATION**

Permit Issuance Date: \_\_\_\_\_

Plumber/Business Name: \_\_\_\_\_ Permit #: \_\_\_\_\_

Job Location: Address: \_\_\_\_\_ Lot # \_\_\_\_\_ Block # \_\_\_\_\_

Subdivision: \_\_\_\_\_ Unit # \_\_\_\_\_

Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner/Builder: \_\_\_\_\_ Phone #: \_\_\_\_\_

Residential:  Pier:  Slab:  Public Water:  Well:  Public Sewer:  Septic Tank:   
Lateral #: \_\_\_\_\_ Approval #: \_\_\_\_\_

Commercial:  Name of Establishment: \_\_\_\_\_

Plan Review Fee Paid: \_\_\_\_\_ < 1500 sq. ft \$75.00:  ≥ 1500 sq. ft \$125.00:

**Residential & Commercial ≤ 20 fixtures: (Commercial Establishments > 20 fixtures: complete back of form.)**

Type of Inspection	Inspections Requested \$35.00 each	Date/Time Inspection Performed	Plumbing Inspector
Rough In/Below Floor	<input type="checkbox"/>	_____	_____
Top Out/Above Floor	<input type="checkbox"/>	_____	_____
Utilities*	<input type="checkbox"/>	_____	_____
Final	<input type="checkbox"/>	_____	_____
Other**	<input type="checkbox"/>	_____	_____

\*Utilities Inspection, please specify: Water  Sewer

\*\*Other, please give details: \_\_\_\_\_

MCHD-IS-302 (Rev. 11-2009)

Applicant Signature \_\_\_\_\_

No.	Description	Fee	Total
_____	Permit	\$10.00	_____
_____	Neutral Ground	\$7.00	_____
_____	Public Sewer	\$7.00	_____
_____	Commodos	\$7.00	_____
_____	Lavatories	\$7.00	_____
_____	Bathtubs	\$7.00	_____
_____	Shower-separate	\$7.00	_____
_____	Kitchen Sink	\$7.00	_____
_____	Washing Machine	\$7.00	_____
_____	Tank Water Heater	\$7.00	_____
_____	Tankless Water Heater	\$7.00	_____
_____	Dishwasher	\$7.00	_____
_____	Drinking Fountain	\$7.00	_____
_____	Bar Sink	\$7.00	_____
_____	Service sinks	\$7.00	_____
_____	Laundry tubs	\$7.00	_____
_____	Floor Drains	\$7.00	_____
_____	Grease Trap	\$7.00	_____
_____	Urinal	\$7.00	_____
_____	Water Piping	\$7.00	_____
_____	Inspections	\$5.00	_____
_____	Re-inspection Fee	\$35.00	_____
_____	Plan Review < 1500 Sq Ft	\$75.00	_____
_____	Plan Review ≥ 1500 Sq Ft	\$125.00	_____
_____	<b>Total</b>		_____

Plumbing Inspector \_\_\_\_\_  
Date: \_\_\_\_\_

MCHD-IS-302 (Rev. 11-2009)