



# Plumbing Permit Application

City of Atlantic Beach Building Department

800 Seminole Rd, Atlantic Beach, FL 32233

Phone: (904) 247-5826 Email: [Building-Dept@coab.us](mailto:Building-Dept@coab.us)

**\*\*ALL INFORMATION HIGHLIGHTED IN GRAY IS REQUIRED.**

PERMIT #: \_\_\_\_\_

JOB ADDRESS: \_\_\_\_\_ PROJECT VALUE \$ \_\_\_\_\_

NEW OR REPLACEMENT INSTALLATION and/or  RE-PIPE

TYPE OF FIXTURE	QTY	TYPE OF FIXTURE	QTY
Bathtub	_____	Septic Tank & Pit	_____
Clothes Washer	_____	Shower	_____
Dishwasher	_____	Shower Pan	_____
Drinking Fountain	_____	Slop Sink	_____
Floor Drain	_____	Three Compartment Sink	_____
Floor Sink	_____	Toilet	_____
Hose Bibs	_____	Urinal	_____
Kitchen Sink	_____	Vacuum Breakers	_____
Laundry Tray	_____	Water Connected Appliances	_____
Lavatory	_____	Water Heater	_____
Other Fixtures	_____	Water Treating System	_____

MISCELLANEOUS

- Sewer Replacement
- Back Flow Preventer
- Lawn Sprinkler System (number of sprinkler heads) \_\_\_\_\_
- Grease Interceptor (Trap) \_\_\_\_\_ gallons (Requires 3 sets of plans)
- Well \*\* SJRWD Well Completion Form. Completed form to be submitted to the Building Department for final inspection. \*\*
- Other \_\_\_\_\_

Permit becomes void if work does not commence within a six month period or work is suspended or abandoned for six months. I hereby certify that I have read this application and know the same to be true and correct. All provisions of laws and ordinances governing this work will be complied with whether specified or not. The permit does not give authority to violate the provisions of any other state or local law regulation construction or the performance of construction.

Owner Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Plumbing Company: \_\_\_\_\_ Office Phone: \_\_\_\_\_ Fax \_\_\_\_\_

Co. Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

License Holder: \_\_\_\_\_ State Certification/Registration # \_\_\_\_\_

**Notarized Signature of License Holder** \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, in the State of Florida, County of \_\_\_\_\_

Signature of Notary Public \_\_\_\_\_

[ ] Personally Known OR [ ] Produced Identification

Type of Identification: \_\_\_\_\_