Lakeland Shores

PLUMBING PERMIT/APPLICATION

Date Received: _____ Received By: _____ Permit # _____

****************APPLICANT COMPLETE INFORMATION BELOW****************

Project Address: _____or PID # _____

Property Owner: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Plumbing Contractor: _____License #: _____

Address: _____ City: _____ Phone: _____

Proposed Work - Residential: _____ Commercial: _____ Other: _____

Use and Occupancy: _____ Type of Construction: _____

New Building: Yes _____ No _____ Description of Work: _____

_____

_____

Estimated Value (Labor and Materials): _____

This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work has commenced. I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Applicants name (please print): _____ Address: _____

City: _____ Zip: _____ Phone: _____

Signature: _____ Date: _____

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