



MIDDLE DEPARTMENT INSPECTION AGENCY, INC.

App. No.:

APPLICATION FOR PLUMBING INSPECTION

APPLICANT: PLEASE PRINT FIRMLY. Permit # _____ Date _____

Municipality _____ County _____ State _____

Lot _____ Street Address _____ Zip _____

Owner _____ Occupant _____

Occupied As _____

Authorized Agent _____ Phone # _____

Applicant's Signature _____ Applicant has read and agrees to terms and conditions on reverse side.

T/A _____ License # _____

Applicant's Address _____

City _____ State _____ Zip Code _____

Phone # _____

Municipal water Type of Work - NEW ADDITION

Municipal sewer Use & Occupancy Class. (IBC Chap. 3) - _____

Septic system

Well water

LIST ALL EQUIPMENT BELOW:		CALL 24 HOURS PRIOR TO INSPECTION	
Sewer Lateral	Urinal	Grease Trap	Back Flow Preventor
Water Lateral	Kitchen Sink	Stop Sink	Other:
Bathtub	Dishwasher	Sewage Ejector	
Lavatories	Garbage Disposal	Floor Drain	
Shower Stall	Laundry Tray	Water Heater	
Water Closet	Clothes Washer	Drinking Fountain	

FOR AGENCY USE ONLY:				Code	Date	Insp. initials and #	Approved	Rejected
COMMERCIAL			Fee	Plan Review				
A.	# fixtures			Underground				
B.	Sewer lateral			Rough-in				
C.	Water lateral			Testing by Permit holder - water				
D.	Other			Testing by Permit holder - sewer				
RESIDENTIAL				Final				
E.	# bathrooms			Other				
F.	Sewer lateral							
G.	Water lateral							
H.	Other							
I.	Plan Review			Notified / Date				
TOTAL FEE:			\$	Municipality	Applicant	Contractor	Lender	Owner
Fee Paid <input type="checkbox"/>			Check #					