



PLUMBING PERMIT APPLICATION

PERMIT NO. _____

BUILDING PERMIT NO. _____

TRACK 1

THIS IS AN APPLICATION ONLY. IT IS NOT AUTHORIZATION TO START ANY WORK. NO WORK SHALL START UNTIL A PERMIT IS POSTED ON THE JOB SITE.

1 JOB/PROPERTY ADDRESS (STREET & NUMBER) _____ **2** FLOOR/ROOM NO. _____

3 CONTRACTOR NAME _____ **4** LICENSE TYPE _____ **5** CLASS A B C **6** STATE LICENSE NO. _____

7 CONTRACTOR STREET ADDRESS _____ **8** CONTRACTOR TELEPHONE NO. / EMAIL ADDRESS _____

9 CITY _____ STATE _____ ZIP CODE _____ **10** CONTRACTOR FAX NO. _____

11 PROPERTY OWNER NAME _____ **12** PROPERTY OWNER ADDRESS/ZIP _____ **13** OWNER DAYTIME TELEPHONE NO. _____

14 DESCRIBE CURRENT STRUCTURE USE _____ **15** DESCRIBE PROPOSED STRUCTURE USE _____

OFFICE USE ONLY	16 NEW ACCESSORY BLDG. ACC <input type="checkbox"/>	17 ADDITION ADD <input type="checkbox"/>	18 RESIDENTIAL GARAGE AD1 <input type="checkbox"/>	19 RESIDENTIAL DECK AD2 <input type="checkbox"/>	20 OPEN PORCH AD3 <input type="checkbox"/>	21 ENCLOSED PORCH AD4 <input type="checkbox"/>	22 ALTER/REMODEL LIGHT AL1 <input type="checkbox"/>
	23 ALTER/REMODEL HEAVY AL2 <input type="checkbox"/>	24 DEMOLITION DEM <input type="checkbox"/>	25 TENANT FITUP FUP <input type="checkbox"/>	26 FOUNDATION ONLY FOU <input type="checkbox"/>	27 NEW BUILDING NB <input type="checkbox"/>	28 MOVING/RELOCATION REL <input type="checkbox"/>	29 REPAIR/REPLACEMENT REP <input type="checkbox"/>

30 IF 1 OR 2 FAMILY ATTACHED 1 FAMILY 2 FAMILY DETACHED 1 FAMILY 2 FAMILY **31** IF MULTIFAMILY, NUMBER OF UNITS PER STRUCTURE **32** CHECK ONE (IF APPLICABLE) 1. LODGING HOUSE 2. NURSING HOME 3. ADULT CARE RESIDENCE

33 TOTAL VALUE OF CONTRACT INCLUDING MATERIAL, LABOR, SUBCONTRACTS OVERHEAD AND PROFIT \$

34 DESCRIBE SCOPE OF WORK _____

35 CONTACT PERSON _____ **36** CONTACT PHONE NO. _____ **37** CONTACT FAX NO. _____

38 CONTACT ADDRESS _____ ZIP CODE _____ **39** EMAIL _____

40 DO YOU WANT TO BE CALLED TO PICK UP PERMIT WHEN ISSUED? YES NO NAME _____ PHONE NO. _____

41 ENGINEER NAME _____ **42** ENGINEER PHONE NO. _____ **43** ENGINEER FAX NO. _____ **44** EMAIL _____

BACKFLOW PREVENTION DEVICE		SIZE	LINEAR FOOT	FIXTURES		QTY
SIZE	QTY					
3/4"		3"		WATER HEATER		
1"		4"		WATER CLOSET		
1 1/4"		6"		BATHTUBS		
1 1/2"		8"		BASINS/LAVATORY		
2"		10"		KITCHEN SINKS		
2 1/2"		12"		SHOWER STALL		
3"		15"		MOP/LAUNDRY SINKS		
4"		18"		OTHER SINKS		
6"		24"		WASHER CONNECTIONS		
8"		30"		DISHWASHER		
10"		36"		DISPOSAL		
12"		OTHER		BIDETS		
		MANHOLE QTY.		FLOOR DRAIN		
		SIZE	QTY	URINALS		
		3/4"		DENTAL EQUIPMENT		
		1"		MEDICAL EQUIPMENT		
		1 1/4"		DRINKING FOUNTAINS		
		1 1/2"		EYE WASH/EMER SHW		
		2"		OTHER		
		3"		TRAPS		
		4"		DRAIN TRAPS		
		6"		RAIN LEADER TRAP		
		8"		OTHER		
		OTHER		SEWER PERMIT NO.	AREA SERVED BY WORK (SQ. FT.)	

FOR OWNER'S WHO ARE APPLYING FOR WORK IN THE CITY OF RICHMOND, IT WILL BE YOUR RESPONSIBILITY TO FILL OUT THE "BUILDING PERMIT - OWNER STATEMENT" FORM IN THE LINK BELOW AND SUBMIT THIS WITH THE PERMIT APPLICATION EITHER THROUGH THE CITY'S ONEDRIVE OR SUBMITTED BY MAIL:

<https://www.rva.gov/sites/default/files/2022-06/BuildingPermitOwnerStatement.pdf>

A | _____ **B** CERTIFY THAT THE BUILDING AT _____

(NAME OF APPLICANT) (ADDRESSES, FLOOR OR SUITE)

HAS BEEN INSPECTED OR MEETS THE EXCEPTIONS OF SECTION 110.3. THE VIRGINIA UNIFORM STATEWIDE BUILDING CODE. THE ASBESTOS ABATEMENT WILL BE DONE AS PER REQUIREMENT OF THE "CLEAN AIR ACT" NATIONAL EMISSION STANDARD FOR THE HAZARDOUS AIR POLLUTANT (NESHAPS) AND OSHA "STANDARDS FOR CONSTRUCTION WORKERS".

C SIGNATURE _____

ARTS DISTRICT <input type="checkbox"/> YES <input type="checkbox"/> NO	HISTORICAL DISTRICT <input type="checkbox"/> YES <input type="checkbox"/> NO	VIOLATION ON PROPERTY <input type="checkbox"/> YES <input type="checkbox"/> NO	DELINQUENT TAXES DUE? <input type="checkbox"/> YES <input type="checkbox"/> NO	ICC TYPE OF CONSTRUCTION
EXISTING USE GROUP	PROPOSED USE GROUP	FEE CALC. TYPE <input type="checkbox"/> S <input type="checkbox"/> U <input type="checkbox"/> B <input type="checkbox"/> C	PERMIT FEE	FEE RECEIVED
IS PROPERTY IN 100 YR FLOOD PLAIN? <input type="checkbox"/> YES <input type="checkbox"/> NO	FLOOD ELEV.	SITE ELEV.	CHESAPEAKE BAY PROTECTION AREA? <input type="checkbox"/> YES <input type="checkbox"/> NO	CHESAPEAKE BAY MANAGEMENT AREA? <input type="checkbox"/> YES <input type="checkbox"/> NO
APPLICATION APPROVED BY _____	DATE _____	APPLICATION DISAPPROVED BY _____	DATE _____	

A COPY OF YOUR STATE CONTRACTOR'S LICENSE AND BUSINESS LICENSE MUST BE ON FILE BEFORE A PERMIT WILL BE ISSUED.

BY SUBMITTING THIS APPLICATION, I CERTIFY I AM IN COMPLIANCE WITH THE CODE OF VIRGINIA, SECTION 54.1-1100 ET SEQ; RULES AND REGULATIONS OF THE VIRGINIA BOARD OF CONTRACTORS AND CHAPTER 14, CODE OF THE CITY OF RICHMOND.

FEE SCHEDULE • BASED ON VALUE OF CONTRACTOR'S ESTIMATE OR ESTIMATE CALCULATED BY R.S. MEANS, WHICHEVER IS HIGHER AMOUNT.

VALUE OF WORK INCLUDES LABOR, MATERIALS, SUBCONTRACTS, OVERHEAD AND PROFIT. THE FEE IS BASED ON CONTRACTOR'S ESTIMATE OR ESTIMATE CALCULATED BY R.S. MEANS, WHICHEVER IS HIGHER AMOUNT.	RESIDENTIAL ONLY - 1 & 2 FAMILY		COMMERCIAL ONLY	
	VALUE OF WORK	PERMIT FEE	VALUE OF WORK	PERMIT FEE
	\$0 - \$2000 OVER \$2000	\$63.00 \$63.00*	\$0 - \$2000 OVER \$2000	\$131.00 \$131.00*

* Add \$6.07 per thousand or fraction thereof for residential construction.
* Add a 2% state surcharge to the final calculated fee.
* Add \$8.50 per thousand or fraction thereof for commercial construction.
* Add a 2% state surcharge to the final calculated fee.

USE GROUP CODES	CODE	DESCRIPTION	CODE	DESCRIPTION	CODE	DESCRIPTION	CODE	DESCRIPTION
	A1A	THEATER/STAGE	B5	FIRE STATION	H5	HIGH HAZARD	NU	NO USE SANCTIONED VACANT STRUCTURE
	A1B	THEATER NO STAGE	B6	FUNERAL HOME	I1	GROUP HOMES 17 OR MORE	R1M	MOTEL
	A2A	NIGHTCLUB	B7	LAUNDRY	I2A	INSTITUTIONAL INCAPACITATED	R2A	DORMITORIES
	A2B	RESTAURANT EAT IN	B8	MEDICAL OFFICE	I2B	INSTITUTIONAL DAY NURSERY	R2B	MULTIFAMILY
	A3B	MUSEUM/ART GALLERY	B9	OFFICE	I3	DETENTION FACILITY	R2C	LODGING HOUSES
	A3C	LIBRARY	B10	BUSINESS - OTHER	I4	ADULT CARE FACILITY	R3A	1&2 FAMILY OVER 3 STORIES
	A3D	PASSENGER TERMINAL	E1	EDUCATION/SCHOOL 1 TO 12	I4B	CHILD CARE >5 CHILDREN <2.5 YRS	R5A	SINGLE FAMILY ATTACHED UNDER 4 STORIES
	A3F	LECTURE HALL	E2	DAYCARE OVER 2 1/2 YEARS	MU	MIXED USE	R5B	TWO FAMILY ATTACHED UNDER 4 STORIES
	A3H	CHURCH	F1	FACTORY MODERATE HAZARD	M1	RETAIL CONVENIENCE STORE	R5C	SINGLE FAMILY DETACHED UNDER 4 STORIES
A4A	RECREATION CENTER	F2	FACTORY LOW HAZARD	M2	RETAIL DEPARTMENT STORE	R5D	TWO FAMILY DETACHED UNDER 4 STORIES	
B1	AUTO DEALERSHIP	H1	HIGH HAZARD	M3	RETAIL SUPERMARKET	R4A	ASSISTED LIVING 5 TO 16 PEOPLE	
B2	DENTIST/DOCTOR'S OFFICE	H2	HIGH HAZARD	M4	RETAIL STORE	S1	STORAGE MODERATE HAZARD	
B3	BANK	H3	HIGH HAZARD	M5	RETAIL AUTO SERVICE STATION	S2	STORAGE LOW HAZARD	
B4	CAR WASH	H4	HIGH HAZARD	R1H	HOTEL	U	TEMPORARY/MISC	

INSTRUCTIONS ON FILLING OUT A PLUMBING PERMIT APPLICATION

At the top right hand corner of the application is a capital P. This is the space where your permit number will be written after you have paid for the permit. There is also a capital B, this is where you will write any building permit number that is associated with the plumbing permit application.

Box #1 - Fill in the number & street address where the work is being done.

Box #2 - This is to be used on multi-story commercial and multi-family residential projects. It can be left blank on single family and duplex permit applications.

Box #3 - Fill in the name of the contractor doing the work or your name if you are the owner/tenant and are applying for the permit as the owner/tenant.

Box #4 - Fill in the classification that is on your contractor's license such as PLB, H/H.

Box #5 - Check the class of license located on your contractor's license.

Box #6 - Fill in state board of contractor's license number. It will always begin with 2701 or 2705 and be followed by six digits. Do NOT use a license number that begins with 2710 as this is a tradesman card number and does not allow you to apply for a permit.

Box #7 - Fill in the contractor's street address.

Box #8 - Fill in the contractor's telephone number.

Box #9 - Fill in the contractor's city, state and zip code.

Box #10 - Fill in the contractor's fax number.

Box #11 - Fill in the name of the property owner.

Box #12 - Fill in the property owner's address.

Box #13 - Fill in the property owner's daytime phone number.

Box #14 - Fill in the current use of the property such as restaurant, single family dwelling, duplex, etc.

Box #15 - Fill in the proposed use of the property such as restaurant, office, duplex, etc.

Boxes #16 through #29 - Office use only.

Box #30 - Fill in when dealing with single family houses and duplexes. Note the detached and attached designation. If the house stands alone and does not touch the house on either side, it is detached.

Box #31 - Fill in the number of apartment units in the building.

Box #32 - Check the appropriate box, if applicable.

Box #33 - COST INFORMATION - Fill in the cost of all labor, materials, overhead, subcontracts and profit. This may be used to determine how much you pay in permit fees.

Box #34 - Give a brief description of the work to be done.

Box #35 - Fill in the name of the person to contact if there are questions about the application or drawings.

Box #36 - Fill in the contact person's phone number.

Box #37 - Fill in the contact person's fax number.

Box #38 - Fill in the contact person's complete address.

Box #39 - Fill in the contact person's e-mail, if available.

Box #40 - Check whether or not you would like to be called to pick up the permit. If you check "yes", fill in your name and phone number.

Box #41 - If submitting drawings done by an engineer please fill in their name here.

Box #42 - Fill in the Engineer's phone number.

Box #43 - Fill in the Engineer's fax number.

Box #44 - Fill in the Engineer's e-mail address.

BACKFLOW PREVENTION DEVICES - Mark the quantity by each size to be installed.

SANITARY SEWER - List the linear footage by any pipe sizes that apply to your installation or replacement. This DOES NOT apply to the piping inside of the building. Write the quantity of manholes that will be installed for sanitary sewer.

WATER SERVICE LINE - List the linear footage by any pipe sizes that apply to your installation or replacement. This DOES NOT apply to the piping inside of the building.

FIXTURES - Write the quantity to be installed beside each fixture.

TRAPS - Write the quantity to be installed beside each fixture.

NOTE: If you are adding fixtures in any type of occupancy, a sewer permit number will be required and can be acquired at the permit desk in room 115.

Box #A, B & C - Fill out the asbestos certification with the Applicant's name, property address and signature, if renovating an existing commercial structure. (This section is not applicable to residential structures of 4 units or less.)

OFFICE USE ONLY – DO NOT WRITE IN THIS AREA.