

TOWN OF TRAIL CREEK

211 Rainbow Trail
Trail Creek, IN 46360
(219) 872-2422

APPLICATION FOR PLUMBING PERMIT

Date of application _____ Permit No _____

Job Address _____

Owner's Name _____

Owner's Address _____

Owner's Telephone _____

Contractor's Name _____

Contractor's Telephone _____

Description of Work _____

___ Drinking Fountain	Total Fixtures	(x \$6.00) _____
___ Garbage Disposal		
___ Water Heater	New or Remodel	
___ Floor Drains	(2 Inspections Rough and Final) (\$40)	_____
___ Sinks Sewer (\$20)	Water	(\$20) _____
___ Dishwasher	Fire Sprinkler	(\$40) _____
___ Tubs / Showers	Lawn Sprinkler	(\$40) _____
___ Washing Machine	Gas Pipe/ Gas Meter	(\$20) _____
___ Sump / Ejector Pump		

___ Laundry Tubs
___ Toilet / Urinals
___ Miscellaneous

Total \$ _____
Cash / Check # _____

Signature _____

___ Total Fixtures

Received by _____