

# 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 \_\_\_\_\_