

COMMERCIAL ONLY



DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health
Environmental Health Field Services

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544 South Bedford Street
Georgetown, DE 19947
Phone (302) 515-3280
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PLUMBING PERMIT APPLICATION
(PLUMBING PERMIT TO BE SECURED 24 HOURS BEFORE WORK STARTS)

Name of Plumber (Print or Type) _____ Date _____
Signature & License Number of Plumber _____ Email _____
Mailing Address _____
Primary Contact Telephone Number _____ Fax Number _____
Builder/Contractor _____ Property Owner _____

The following abstract of specification of plumbing with description and plan is submitted for approval:
SITE INFORMATION

Type of Business _____ Lot Number _____
Road Name _____ Nearest Town _____
911 Number _____ Kent County or Sussex County _____

Directions to job site; be specific: _____

DESCRIPTION OF PLAN

Occupant Type _____ Building Occupancy Load _____

		FIXTURES		SOIL OR WASTE PIPE		VENT PIPE	
		How Many	Size	Material	Size	Material	
BATH	Water Closet						
	Lavatory						
	Tub/Shower						
	Urinal						
KITCHEN	3 Comp Sinks						
	Dishwasher						
	Hand Sinks						
	Food Prep Sinks						
UTILITIE	Ice Maker						
	Grease Traps						
	Floor Sinks						
	Utility Sinks						
	Coffee Machine						
	Drinking Fountain						
	Floor Drains						
	Water Heater						
OTHER	Bar Sinks						
	Backflow						

The Divison of Public Health has 3 working days to respond to an inspection request

Checks payable to the State of Delaware

FOR OFFICIAL USE ONLY

STICKER #

1. _____ UG

2. _____ RI

3. _____ F

ATC NO. _____

PERMIT ISSUED _____ NO. _____

PERMIT ISSUED BY _____