



**CITY OF GLENDALE - BUILDING AND SAFETY**  
 633 E. Broadway, Room 101  
 Glendale, CA 91206 - (818) 548-3200, 548-4837 (Inspection)  
**PLUMBING PERMIT WORKSHEET**

**Application No. BP \_\_\_\_\_**

Please complete the section below clearly, legibly and in ink

Job Address ( Include Zip Code )			
<b>Permit Information</b>		Has work started? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this work related to a Building Permit <input type="checkbox"/> Yes <input type="checkbox"/> No		(Double the permit fee will be charged for legalization )	
Describe where the work will be done & fill out the work description on the right side of this application.			
Applicant 's Name		Phone (    )	
Address ( Include City and Zip Code )			
Property Owner's name		Phone (    )	
Address (Include City & Zip Code)			
E-Mail Address			
<b>Licensed design professional or engineer Information:</b>			
Name		Phone (    )	
Address (Include City & Zip Code)		License No.	
E-Mail Address			
<b>CALIFORNIA LICENSED CONTRACTOR'S DECLARATION: I herby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.</b>			
Contractor's Name		Phone (    )	
Address (Include City & Zip Code)			
State License No.	Exp. Date	City License No.	Exp. Date
E-Mail Address			
Contractor's Signature			
APN		Lot	
Tract		NAICS/Structure Use	
No. of Floor Levels Above Grade		No. of Floor Levels Below Grade	
No. of Mezzanines		Type of Construction	
Fire Sprinkler		The Edition of the Code	
<b>FOR OFFICE USE ONLY</b>			
Comments			
Processed By		Date	Receipt No.
PC by		Date	
Approved By		Date	Receipt No.
Processed By		Date	

<b>Work Description ( Fill all that apply and specify quantity )</b>	
_____ \$33.30	Issuance Fee
_____	Technological Surcharge of 6.8% will Apply to Permit and Plan Check Fees
_____ \$33.30	Supplemental Permit to _____
_____ \$38.67	Minimum Inspection Fee ( If fees below add up to less than \$38.67)
_____ \$ _____	Plan Check ( 50% of Permit Fee, Minimum of \$71.97)
_____ \$10.74	Toilet
_____ \$10.74	Sink
_____ \$10.74	Bathtub
_____ \$10.74	Shower/Shower Pan
_____ \$10.74	Garbage Disposal
_____ \$10.74	Clothes Washer
_____ \$10.74	Dishwasher
_____ \$17.18	Residential Water Softener
_____ \$7.74	Lawn Sprinkler System
_____	0 - 5 (Vacuum Breaker)
_____ \$10.74	Drinking Fountain
_____ \$22.56	Water Heater (each and/or vent)
_____ \$10.74	Floor Drain (*) or Floor Sink
_____ \$10.74	Urinal
_____ \$10.74	Other Fixtures _____
_____ \$10.74	Exterior Water Service, New or Replacement
<b>Industrial Equipment</b>	
_____ \$71.97	Industrial Waste Interceptor (*)
_____ \$71.97	Grease Trap (*)
_____ \$5.53	Backflow Protective Device, Each
_____ \$27.93	Dental Chairs, Each (*)
_____ \$27.93	Special Equipment, Per Piece of Equipment (*)
_____ \$10.74	Miscellaneous Items, Each
<b>Re-pipes (Single Family Dwelling) (Water System Only)</b>	
_____ \$33.30	1 Bathroom
_____ \$49.41	2 Bathrooms
_____ \$66.60	3 Bathrooms
_____ \$82.72	4 or More Bathrooms
<b>Re-pipe (Multi-Family Dwelling - Per Unit) (Water System Only)</b>	
_____ \$66.60	2 Bathrooms or less
_____ \$82.72	Greater than 2 Bathrooms
<b>Re-pipe (Non - Residential - Per Floor or Story) (Water System Only)</b>	
_____ \$82.72	Less Than 10,000 Sq. Ft.
_____ \$166.51	10,001 Sq. Ft. - 100,000 Sq. Ft.
_____ \$277.17	Greater Than 100,000 Sq. Ft.
<b>Gas Systems</b>	
_____ \$5.53	Low Pressure, Each Outlet
_____ \$71.97	Medium Pressure, Added to Outlet Charge (*)
_____ \$71.97	Proprietary System, Added to Outlets
<b>Drain &amp; Waste Systems</b>	
_____ \$27.93	Building Sewer
_____ \$38.67	Sewer Connection C # _____
_____ \$10.74	Repair Drain Line, Per Fixture on Line
_____ \$71.97	Sewer Cap / Cesspool Fill
_____ \$10.74	Rainwater System, For Each Drain Inside The Building
_____ \$17.18	Sump Pump / Sewer Ejector (*)
_____ \$7.74	Temperature and /or Pressure Relief Valve / Hi-Temp Limit Device
_____ \$ _____	Other _____ (Refer to Fee Schedule)
<b>Note:</b> Any item having this mark ( * ) may require plan check for multi-family ( 3 or more units ) & commercial buildings. (Any combination of 10 new fixtures; facilities requiring Health Dept. or Industrial Waste approval, i.e. medical & dental facilities restaurants, markets, and any establishment that sells or prepares food on or off site; and systems with sewage ejection pumps/industrial waste interceptor)	

Any Combination of 10 new fixtures requires plan check (\*)

