

Permit No. _____

Town of Coosada Application for Plumbing Permit

BUILDING INSPECTION DEPARTMENT

Date: _____ Current Coosada Business License: Yes___ No___

Cost of Job to be Performed: \$ _____ Permit Fee \$ _____

Location: _____

Type of Building: _____

Owner: _____

DESCRIPTION OF WORK TO BE PERFORMED:

Sewer _____ Urinals _____

Water Closets _____ Drinking Fountains _____

Lavatories _____ Floor Drains _____

Bath Tubs _____ Yard Drains _____

Showers _____ Sand Traps _____

Sinks _____ Soda Founts _____

Laundry Trays _____ Water Heaters _____

Washing Machines _____ Other _____

Electricity Provider: Alabama Power _____ CAEC _____

If permit is granted, I agree to conform to all plumbing regulations and Town Ordinances regulating the same. Allow 24 hours notice for Inspections.

Inspections: _____ Contractor _____

_____ Address _____

_____ Phone _____