



**TOWN OF BELLEAIR
BUILDING DEPARTMENT**
901 Ponce de Leon Blvd.
Belleair, Florida 33756-1096
Phone: (727) 588-3769 ext. 215
Fax: (727) 588-3768

PLUMBING/GAS INSTALLATION LIST

NOTICE: THIS FORM MUST BE COMPLETED, SIGNED, AND SUBMITTED BEFORE THE PERMIT BECOMES VALID.

Permit No _____ Homeowner _____

License Holder _____ Company Name: _____
(Individual's Name)

Contractors Mailing Address _____ State _____ Zip. _____

Contractors Phone No. _____ Fax # _____

FL. State License No. _____ PCCLB No. _____

Jobsite Address _____

RESIDENTIAL _____ COMMERCIAL _____

**INDICATE TOTAL NUMBER OF EACH TYPE FIXTURE
PROPOSED FOR CONSTRUCTION OR INSTALLATION**

PLUMBING

WATER CLOSETS _____ LAVATORY _____ BATHTUBS _____ SHOWERS _____ BIDETS _____
KITCHEN SINK _____ WATER HTRS. _____ WASHING MACHINE _____ LNDRY. TUBS _____
BAR SINKS _____ WATER CONDTR. _____ WELL _____ WATER SERV. _____ SEWER _____
IRRIGATION/BACK FLOW DEVICE _____ SOLAR HTRS. _____ POOL _____ DRINKING FOUNT. _____
SERV. SINK _____ FLOOR DRAINS _____ GREASE TRAPS _____ LINT TRAP _____ URINALS _____
OTHER: _____

GAS

NATURAL _____ L.P. _____ UNDERGROUND _____ ABOVE GROUND _____
GAS PIPING ONLY _____ VENTING ONLY _____ GAS PIPING AND VENTING _____
COOK TOPS _____ RANGES _____ BROILER (BBQ) _____ DRYERS _____ CNTRL. FURNACE _____
VENTED ROOM HTRS. _____ UNVENTED ROOM HTRS. _____ VENTED FIREPLACES _____
POOL/SPA HTRS. _____ ILLUMINATING APPL. _____ DEEP FRYERS _____ GRIDDLES _____
OVENS _____ BROILERS _____ WATER HTR. _____ GENERATOR _____ OTHER _____

Work to be performed: _____

MINIMUM REQUIRED INSPECTIONS:

1st Rough (Under Slab), 2nd Rough, Tub Set, and/or prior to covering any work, Final

SIGNATURE: _____

PRINT NAME: _____

DATE: _____