



Town of Front Royal  
 Building Inspections Department  
 102 East Main Street  
 Front Royal VA 22630  
 540-361-3603

[www.frontroyalva.com](http://www.frontroyalva.com)

Master Permit # \_\_\_\_\_  
 Plumbing Permit # \_\_\_\_\_  
 ECS Project # \_\_\_\_\_

**PLUMBING PERMIT APPLICATION**

**Property Owner:** \_\_\_\_\_ **Contractor:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone# \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

**Job site Location:** \_\_\_\_\_ **Business License#:** \_\_\_\_\_

Tax Map# \_\_\_\_\_ Contractor's License# \_\_\_\_\_

Section: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**PLUMBING INFORMATION**

VCC                       VRC                       2015                       2018

Residential               Commercial

Use Group: \_\_\_\_\_

Type of work to be done:       New               Alteration               Repair               Addition

**Brief description of work:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Estimated Total Value of Construction including materials and labor \$ \_\_\_\_\_

Number of Each:

Commode \_\_\_\_\_ Floor Drains \_\_\_\_\_ Sump Pump \_\_\_\_\_ Grease Traps \_\_\_\_\_

Dishwasher \_\_\_\_\_ Urinals \_\_\_\_\_ Sink \_\_\_\_\_ Water Heater \_\_\_\_\_

Washing Machine \_\_\_\_\_ Tub/Shower \_\_\_\_\_ Spa/Sauna \_\_\_\_\_ Hose Bibs \_\_\_\_\_

Drinking Fountains \_\_\_\_\_ Garbage Disposal \_\_\_\_\_ Gas Line \_\_\_\_\_ Other \_\_\_\_\_

Backflow Prevention Devices: \_\_\_\_\_ Total # of Fixtures: \_\_\_\_\_

Utilities:

Water Line:     New             Replacement        Sewer Line:     New             Replacement

Applicants Name: \_\_\_\_\_ Applicants Signature: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_

Accepted By: \_\_\_\_\_ Fees: \_\_\_\_\_

Approved By: \_\_\_\_\_ State Levy \_\_\_\_\_

Total Fees: \_\_\_\_\_