



CITY OF SUGAR LAND
Permits & Inspections Department

PLUMBING PERMIT APPLICATION

APPLICATION # _____

PROJECT ADDRESS: _____

PROJECT NAME/OWNER: _____

PLUMBING COMPANY NAME: _____ PHONE:() _____

ADDRESS CITY/STATE ZIP

MASTER PLUMBER NAME: _____ LICENSE #: _____

JOB DESCRIPTION: _____

Table with 4 columns: ITEMS, COST, QUANTITY, TOTAL. Rows include BASE PERMIT FEE, PLUMBING FIXTURE(S), BUILDING SEWER, WATER HEATER(S), etc.

PAY BY ESCROW ACCOUNT [] TOTAL DUE \$ _____

I hereby certify that I have read and examined this document and know the same to be true and correct. All provisions of laws and ordinances governing this type work will be compiled with whether specified herein or not.

APPLICANT SIGNATURE _____

DATE _____