

SS WIND R		PLUMBING	7					
A Opto	Escambia C	ounty, FL		BUILDIN	G PERMIT NO	.:		
CORID		•		DATE:				
Job Address:				•		Floor/Unit N	No.:	
Master Plumber:						Phone No.:		
Company Name:					Phone No.:			
Owner:					Phone No.:			
Builder:						Phone No.:		
Type of Buildi	ng of Struct	ure:	Old		☐ New	•		
			☐ Comm	ercial	☐ Resid			
			☐ Chang	je Out	☐ New I	ew Installation		
Type of Service) :		_		_			
Cost of Constru	uction:(Labor &	Materials)	\$		No. of Inspectio	ns Required.:		
FIXTURES	1ST Floor	2nd Floor			FIXTURES	# OF FIXTURES		
Basin			_		Storm Drain/Sewer		-	
3ath Tub					Man Hole			
Closet					Sewer Main		4	
Dishwasher Drain-Floor/Roof	 		_		Water Main Sewer Laterals		4	
Orinking Fountain			_		Water Laterals			
Kitchen Sink			_		Backflow Device			
Sewer/Tank Connection					Remarks:	•	-	
Shower	-		_		Remarks.			
Washer								
Water Heater								
			_		Touls Annuasial	Na -		
Sprinkler Lawn/Fire # Heads					Tank Approval No.: Sewer Tap No.:			
Driving Directi		,, 110	auo		Contract Tup No.			
Application is hereby made performed to meet the state POOLS, FURNACES, BC SPRINKLER, ROOFING egulating construction and YOUR PROPERTY. A N.	andards of all laws red DILERS, HEATERS, T AND INSTALLATION nd zoning. WARNING IOTICE OF COMMEN N, BEFORE THE FIRS	gulating construction ANKS, AIR CONDITI S, ETC. OWNER'S A TO OWNER: YOU CEMENT MUST BE	in this jurisdiction. I und ONERS, HEATING, AN AFFIDAVIT: I certify tha R FAILURE TO RECOR RECORDED AT THE ES	derstand that a set D VENTILATING at the foregoing in D A NOTICE OF SCAMBIA COUN	eparate permit may be re SYSTEMS ELEVATOR: oformation is accurate an COMMENCEMENT MA	quired for all ELECTRI S, ESCALATORS AND d that all work will be d Y RESULT IN YOUR P S AND A CERTIFIED C	CAL, PLUMBING, SIGN: TRANSPORTING ASSE Ione in compliance with a AYING TWICE FOR IMF OPY FILED AT THE BUI ORNEY BEFORE RECO	S, WELLS, EMBLINGS, GAS, all applicable laws PROVEMENTS TO LDING
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Revised 02/022010 Form 100.3