



Escambia County Building Inspections Division
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PLUMBING PERMIT FEE ESTIMATE

PROJECT NAME:

LOCATION:

Type of Building of Structure:

<input type="checkbox"/> Existing	<input type="checkbox"/> New
<input type="checkbox"/> Commercial	<input type="checkbox"/> Residential
<input type="checkbox"/> Change Out	<input type="checkbox"/> New Installation

Type of Service:

Cost of Construction:(Labor & Materials) \$

FIXTURES	1ST Floor	2nd Floor
Basin		
Bath Tub		
Closet		
Dishwasher		
Drain-Floor/Roof		
Drinking Fountain		
Kitchen Sink		
Sewer/Tank Connection		
Shower		
Washer		
Water Heater		

FIXTURES	# OF FIXTURES
Drain/Sewer	
Man Hole	
Sewer Main	
Water Main	
Sewer Laterals	
Water Laterals	
Backflow Device	

Remarks:

Sprinkler: Lawn _____ Fire _____ (# Heads)

This Is Not A Permit Application

I HEREBY REQUEST A QUOTE OF ALL FEES ASSOCIATED WITH THIS PROPOSED PLUMBING PROJECT. I UNDERSTAND THAT THESE FEES ARE ESCAMBIA COUNTY BUILDING INSPECTIONS DEPARTMENT FEES. FEES THAT COULD BE CHARGED BY ANOTHER AGENCY ARE NOT INCLUDED. I FURTHER UNDERSTAND THAT THE FINAL EXACT COSTS WILL BE DETERMINED AT COMPLETION OF THE PERMIT APPLICATION PROCESS.

Signature:		Title:	
Printed Name:			
Company			
Telephone No.:		Cell No.:	
Fax No.:			

Estimated Plumbing Permit Fees: \$