

## Bismarck, ND 58501 burleighcobuilding@nd.gov

•\*•

## PLUMBING APPLICATION WORKSHEET

\*\*

I hereby certify that the plumbing installation and fixtures described below shall be installed by me, as a licensed plumber, or by licensed plumbers or apprentices under my supervision in accordance with Chapter 43-18 of the North Dakota Century Code and State Plumbing Code.

PLUMBING CONTRACTOR			MASTER PLUMBERS NAME		LICENSE NUMBER		
MAILING ADDRESS			CITY		CONTACT NUMBER		
PROJECT NAME			PHYSICAL ADDRESS	OWNERS NAME			
TYPE OF BUILDING: Single Family Multiple Family Business Other (Specify)							
SCHEDULE OF PLUMBING FIXTURES (NUMBER OF EACH)			SCHEDULE OF FEES	NUMBER	EACH	TOTAL	
Tub/ShowerLavatoryKitchen SinkClothes WasherWater ClosetUrinalBar/Hand Sink3-Compartment SinkFuture Fixture (Specify)Other (Specify)	Service Sink Dental Unit Clinic Sinks Drinking Fountain Garage Drain Area Way Drain Interceptor Separator		Issuing Certificate Plumbing Fixtures (from Schedule at left) Roof Drain Sump Drain Sewage Ejector Water Heater Water Treatment Equipment Backflow Protection Device (Testable) It is the responsibility of the person doing the work to no inspections of the work. 701-221-3727	1 Dtify BURLE	<pre>@ \$100.00 @ \$ 10.00 @ \$ 10.00 @ \$ 10.00 @ \$ 10.00 @ \$ 10.00 @ \$ 10.00 @ \$ 10.00 <b>TOTAL FEE</b> GH COUNTY fo</pre>	\$ 100.00	
COMMENTS:			MASTER PLUMBER SIGNATURE	DATE			
			INSPECTOR SIGNATURE	DATE			
					PF 104-	21	