



117 West Main Street
 Parma, MI. 49269
 517-531-4785
 Fax: 517-531-5179

Application for: **PLUMBING PERMIT**

Contractor License Number: _____ Date ____/____/____

Location: _____

Owner: _____

Kind of Building: _____ Used as: _____

To Be Completed About: _____ Estimated Cost \$ _____

Old-New Building Number: _____

Type of Equipment	Number
Stacks	
Sinks	
Baths	
Water Closet	
Lavatory	
Tank and Heater	
Laundry Tray	
Water Distribution Systems	
Floor Drains	
Sewage Ejector	
Fountain (Drinking)	
Sump	
Showers	
Urinal	
Catch Basin	
Dishwashing Machine	
Humidifier	
Garbage Grinder	
Washing Machine	
Special Wastes	
Rainwater Leaders	
Miscellaneous Fixtures	

Permit Amount \$ _____
 Make Check Payable to
 Village of Parma

Send to:
 Village of Parma
 117 West Main Street
 PO Box 127
 Parma, MI. 49269

NOTE: Permits will
 NOT be issued without
 payment

Contractors Name and Address _____

City: _____ State: _____ Zip Code: _____

Ready for Inspection on ____/____/____ or will contact permit clerk later _____

Applicant signature certifies that all information given is true, and correct: _____