

Bob Vale Building Commissioner

CITY OF HAMMOND INSPECTIONS DEPARTMENT BUILDING DIVISION

5925 Calumet Avenue, Hammond, IN 46320 Phone (219) 853-6316 Fax: (219) 853-6456

Plumbing Permit Application

			Permit #.		
Address of Construction:					
	☐ Home Ov		Contractor*		
Contractor's Name:			Phone	e #:	
*For co	entractors a copy o	of the signed conti	ract must be att	ached.	
	☐ Two Family				
Property Owner Name:			Phone #	:	
Property Owner Address:					
Cost of Job Material and Lab					
□Оро	ening Public Right 10,000 Street Oper				
Please indicate the number	of fixtures for the fol	lowing:			
SinksLa	undry Tubs	Auto Wash		Slop Sink	
	oor Drains	Auto Dishw		Boiler	
	vatories	Air Cond. D)rain	Sump Pump	
Bath TubsGa	arbage Disposal	Open Hub Ejector Pur	Drains	Water Heater	
UrinalOı	utside Spigot	Ejector Pur	np	Backflow Preventor	
Dual Check ValveEx	pansion Tank	PVB (Press	sure Vacumn Bre	eaker)	
RPZ (Rduced Pressure 2	Zone: usually comm	ercial/public application	ations)		
Miscellaneous Fixtures:					
Handicapped Fixtures (Commercial Only)		Are these listed above?			
Sanitary Sewer Tap	Storm Sewer TapWater Tap		p		
Water Meter Size	Septic	Tank (if applicable) Size		
Will there be a lawn sprinkler system installed?		# of Heads			
Will there be a fire sprinkler	# of Heads				
Will there be an underground	d inspection require	d?			
Describe all other work to be	done:				
**TH	E CONTRACTOR I	S RESPONSIBLE	FOR INSPECTION	ONS	
Approval by The Board of Public		or Engineering Departn ponsibility to repair to co		orking in the Right Of Way. It is	
	Two days before dig 382-5544 Water De _l			ing 219-853-6533	
Signature:			Date:		
Approval:			Date:		