



**Department of Development Services**

Building Safety Division  
 Suite 300 West, 300 Park Avenue, Falls Church, VA 22046  
 Phone: 703-248-5080 (TTY 711) Fax: 703-248-5214

# Plumbing Permit Application

Date \_\_\_\_\_ **PERMIT NO.** \_\_\_\_\_

Required fields are marked with **>** and must be filled in. Please ensure that all required fields have been completed. If you are not using a mechanics' lien agent, please mark "None" in that section. If there is no tenant or lessee, mark "None" in that section.

**ADDRESS OF BUILDING**

> \_\_\_\_\_ **Falls Church, VA** >

Street Address \_\_\_\_\_ Unit # \_\_\_\_\_ Zip \_\_\_\_\_

**CONTRACTOR OR OTHER APPLICANT** **MECHANICS' LIEN AGENT (Residential Only)**  NONE

> **Name** \_\_\_\_\_ Phone  H.  O.  C. > **Name** \_\_\_\_\_ Phone  H.  O.  C. >

> **Address** \_\_\_\_\_ > **Address** \_\_\_\_\_ >

> **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_ > **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_ >

VA State License Number \_\_\_\_\_ Class  A.  B.  C.

**BUILDING OWNER INFORMATION**

**TENANT OR LESSEE INFORMATION**  NONE

> **Name** \_\_\_\_\_ Phone  H.  O.  C. > **Name** \_\_\_\_\_ Phone  H.  O.  C. >

> **Address** \_\_\_\_\_ > **Address** \_\_\_\_\_ >

> **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_ > **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_ >

**VA STATE MASTER PLUMBER'S LICENSE**

**CONTRACT PRICE**

> **Name:** \_\_\_\_\_ > **VA State License #:** **2710-** > **Expires:** \_\_\_\_\_ > **\$** \_\_\_\_\_

**TYPE OF WORK**

**Qty** **Item** (indicate individual item quantities where requested, indicate totals in the left column)

**Fixtures:** Toilets: \_\_\_\_ Urinals: \_\_\_\_ Bath Tubs/Showers: \_\_\_\_ Lavatories: \_\_\_\_ Sinks: \_\_\_\_ Laundry Tubs: \_\_\_\_ Drains: \_\_\_\_  
**Appliances:** Dishwashers: \_\_\_\_ Water Heaters: \_\_\_\_ Washing Machines: \_\_\_\_ Drinking Fountains: \_\_\_\_ Grease Traps: \_\_\_\_  
**Miscellaneous:** Backflow Preventers: \_\_\_\_ Circulating Pumps: \_\_\_\_ Pressure-Reducing Valves: \_\_\_\_ Hose Bibs: \_\_\_\_  
**Other:**

Water Pipe, Number of Floors	Water Service <input type="checkbox"/> Install <input type="checkbox"/> Repair <input type="checkbox"/> Relocate
Sewage Ejector Pump	Sewer Service <input type="checkbox"/> Install <input type="checkbox"/> Repair <input type="checkbox"/> Relocate <input type="checkbox"/> Cap Off
Sanitary Risers	<i>Please Note: Sump pumps are not a Plumbing Item. Please use the Building Permit application to obtain a sump-pump permit.</i>
Stormwater Risers	



Check Policy - The City of Falls Church accepts checks as a form of payment. However, should your check be returned to us for any reason, it is our policy to electronically debit your account for the amount of the check plus a processing fee of \$50.00.

I hereby certify the proposed work is authorized by the property owner and I have been authorized by all involved parties to make this application. We agree to conform to all applicable laws, codes, and ordinances of the City of Falls Church.

> \_\_\_\_\_ > \_\_\_\_\_ > \_\_\_\_\_  
 Signature of Applicant Date Address

> \_\_\_\_\_ > \_\_\_\_\_ > \_\_\_\_\_ > \_\_\_\_\_ > \_\_\_\_\_  
 Print Name Phone to Call When Permit Ready City State Zip Code

The City of Falls Church is committed to the letter and spirit of the Americans with Disabilities Act. This document will be made available in alternate format upon request. Call 703 248-5080, (TTY 711).

**OFFICIAL USE ONLY**

Approvals		Permit Fee
<b>Urban Forestry</b> <i>(sewer caps only)</i> _____	<b>Date</b> _____	Base Permit Fee _____
<b>Building Official</b> _____	<b>Date</b> _____	2% State Levy _____
<i>Approved Per VUSBC Only</i>		Total Permit Fee _____