



Community Planning & Economic Development Services

Building Safety Division
 300 Park Avenue, Suite 103E, Falls Church, VA 22046
 703-248-5080 (TTY 711) permits@fallschurchva.gov

PLUMBING PERMIT APPLICATION

PERMIT No. _____

ADDRESS OF BUILDING

Street Address _____ Unit # _____ Falls Church, VA Zip Code _____

APPLICANT: CONTRACTOR OWNER

PROPERTY OWNER INFORMATION

Name		Phone <input type="checkbox"/> H <input type="checkbox"/> O <input type="checkbox"/> C		Name		Phone <input type="checkbox"/> H <input type="checkbox"/> O <input type="checkbox"/> C	
Address				Address			
City		State	Zip Code	City		State	Zip Code
VA State Contractor's License Number		Class <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C		Expiration Date		TENANT/LESSEE INFORMATION <input type="checkbox"/> NONE	
Falls Church Customer Number (if known):				Name		Phone <input type="checkbox"/> H <input type="checkbox"/> O <input type="checkbox"/> C	
Master Plumber's Name (DPOR Qualified Indiv.)		License Expiration Date		Address			
License Number 2710-		Contract Price \$		City		State	Zip Code

TYPE OF WORK

Fixtures & Drains ___ Bath Tubs/showers ___ Washing Machines ___ Backflow Preventers ___ Toilets ___ Laundry Tubs ___ Pressure-Reducing Valves ___ Urinals ___ Water Heaters ___ Circulating Pumps ___ Lavatories ___ Hose Bibs ___ Site Drains ___ Sinks ___ Drinking Fountains ___ Yard Hydrants ___ Dishwashers ___ Grease Traps Other Items: _____ Total # of fixtures & drains: _____	Water & Sewer Piping Are you running any piping? <input type="checkbox"/> Yes: # floors? _____ <input type="checkbox"/> No pipe being run	Sewer Cap Off <input type="checkbox"/> Cap Off Sewer
	Water Service <input type="checkbox"/> Install <input type="checkbox"/> Repair <input type="checkbox"/> Relocate	Sewage Ejector Pumps ___ Ejector Pumps
	Sewer Service <input type="checkbox"/> Install <input type="checkbox"/> Repair <input type="checkbox"/> Relocate	Commercial Items ___ Sanitary Risers ___ Stormwater Risers

SIGNATURE

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 Number _____ City _____ State _____ Zip Code _____

E-Mail Address _____

Submission: E-mail this application, any other required documents, and plans to permits@fallschurchva.gov. Please make all submissions in PDF format. Do not submit photos either in the e-mail or as attachments.

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

FEES

Business License: <input type="checkbox"/> Update Verified <input type="checkbox"/> Annualized <input type="checkbox"/> Under license threshold <input type="checkbox"/> Owner Permit	Base Permit Fee \$ _____
Review Required: <input type="checkbox"/> Issued OTC, no review required <input type="checkbox"/> Requires Review, routed to Building Official	10% Tech Fee \$ _____
	10% Admin Fee \$ _____
	2% State Levy \$ _____
Building Official _____ Date _____	Total Fee \$ _____
<i>Approved per VUSBC Only</i>	<i>(fee with 2.95% credit-card fee)</i> \$ _____