



Community Planning & Economic Development Services

Building Safety Division
 300 Park Avenue, Suite 103E, Falls Church, VA 22046
 Phone: 703-248-5080 (TTY 711) Fax: 703-248-5214
 permits@fallschurchva.gov www.fallschurchva.gov

PLUMBING PERMIT APPLICATION

PERMIT No. _____

ADDRESS OF BUILDING

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

APPLICANT: CONTRACTOR OWNER

BUILDING 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

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

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 check-in 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>