



BELLEAIR BUILDING DEPARTMENT
901 PONCE DE LEON BLVD.
BELLEAIR, FL 33756
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WWW.TOWNOFBELLEAIR.COM/BUILDING

PLUMBING/GAS INSTALLATION FORM

THIS FORM MUST BE COMPLETED, SIGNED, AND SUBMITTED BEFORE THE PERMIT BECOMES VALID

Permit #: \_\_\_\_\_ Homeowner: \_\_\_\_\_
License Holder (Individual Name): \_\_\_\_\_
Company Name: \_\_\_\_\_
Contractor's Mailing Address: \_\_\_\_\_
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Contractor's Phone #: \_\_\_\_\_
FL State License #: \_\_\_\_\_ PCCLB #: \_\_\_\_\_
Jobsite Address: \_\_\_\_\_

[ ] Residential [ ] Commercial

PLUMBING

INSERT NUMBER OF ASSOCIATED FIXTURES

Water Closet: \_\_\_\_\_ Lavatory: \_\_\_\_\_ Bathtub: \_\_\_\_\_ Shower: \_\_\_\_\_ Bidet: \_\_\_\_\_ Kitchen Sink: \_\_\_\_\_
Water Heater: \_\_\_\_\_ Washing Machine: \_\_\_\_\_ Laundry Tub: \_\_\_\_\_ Bar Sink: \_\_\_\_\_ Well: \_\_\_\_\_
Water Service: \_\_\_\_\_ Sewer: \_\_\_\_\_ Irrigation/Backflow Device: \_\_\_\_\_ Solar Heater: \_\_\_\_\_ Pool: \_\_\_\_\_
Drinking Fountain: \_\_\_\_\_ Service Sink: \_\_\_\_\_ Floor Drain: \_\_\_\_\_ Grease Trap: \_\_\_\_\_ Lint Trap: \_\_\_\_\_
Urinal: \_\_\_\_\_ Other: \_\_\_\_\_

GAS

CHECK IF APPLICABLE

[ ] Natural Gas [ ] Liquid Petroleum [ ] Underground Piping [ ] Above-Ground Piping
[ ] Gas Piping Only [ ] Venting Only

INSERT NUMBER OF ASSOCIATED FIXTURES

Cook Top: \_\_\_\_\_ Range: \_\_\_\_\_ Broiler(s) (BBQ): \_\_\_\_\_ Dryer: \_\_\_\_\_ Furnace: \_\_\_\_\_ Vented Room
Heater: \_\_\_\_\_ Illuminating Appliance: \_\_\_\_\_ Deep Fryer: \_\_\_\_\_ Griddle: \_\_\_\_\_ Oven: \_\_\_\_\_ Water
Heater: \_\_\_\_\_ Generator: \_\_\_\_\_ Other: \_\_\_\_\_

WORK TO BE PERFORMED

MINIMUM REQUIRED INSPECTIONS:

1st rough (under slab) / 2nd rough (and/or prior to covering any work) / Final

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_