



MIDDLE DEPARTMENT INSPECTION AGENCY, INC.

App.

No.:

APPLICATION FOR PLUMBING INSPECTION

APPLICANT: PLEASE PRINT FIRMLY.

Permit #

Date

Municipality

County

State

Lot

Street Address

Zip

Owner

Occupant

Occupied As

Authorized Agent

Phone #

Applicant's
Signature

Applicant has read and agrees to terms and conditions on reverse side.

T/A

License #

Applicant's
Address

City

State

Zip Code

Phone #

Municipal water ☐Type of Work - ☐ NEW ☐ ADDITIONMunicipal sewer ☐

Use & Occupancy Class. (IBC Chap. 3) -

Septic system ☐Well water ☐

LIST ALL EQUIPMENT BELOW:

CALL 24 HOURS PRIOR TO INSPECTION

	Sewer Lateral		Urinal		Grease Trap		Back Flow Preventor
	Water Lateral		Kitchen Sink		Slop Sink		Other:
	Bathtub		Dishwasher		Sewage Ejector		
	Lavatories		Garbage Disposal		Floor Drain		
	Shower Stall		Laundry Tray		Water Heater		
	Water Closet		Clothes Washer		Drinking Fountain		

FOR AGENCY USE ONLY:

		Code	Date	Insp. initials and #	Approved	Rejected
COMMERCIAL		Plan Review				
A.	# fixtures	Underground				
B.	Sewer lateral	Rough-in				
C.	Water lateral	Testing by Permit holder - water				
D.	Other	Testing by Permit holder - sewer				
RESIDENTIAL		Final				
E.	# bathrooms	Other				
F.	Sewer lateral					
G.	Water lateral					
H.	Other					
I.	Plan Review					
TOTAL FEE:		Notified / Date				
		Municipality	Applicant	Contractor	Lender	Owner
Fee Paid <input type="checkbox"/>		Check #				