



P. O. Drawer 400 2665 San Angelo
 Ingleside, TX 78362
 Phone: 361-776-3815 Fax: 361-776-1027
building@inglesidtx.gov

APPLICATION FOR PLUMBING PERMIT

Permit # _____

(check one) Residential: _____ Commercial: _____

(check one) Class of Work to be Done: New [] Addition [] Repair/Remodel []

Site Address:	Valuation (Commercial/New Construction Projects Only):
Owner:	Plumbing Contractor: License #:
Mailing Address:	Mailing Address:
Phone #:	Phone #:
Type of Building:	Email Address:
Description of Work:	

Permit Fee Schedule			
Amount	Description	Qty	Total
	<u>Residential Repair/Remodel :</u> <u>(One or Two Family)</u>		
\$35.00	Permit Issuance		
\$40.00	Per Required Inspection		
	<u>Commercial:</u>		
\$35.00	Permit Issuance		
	plus \$10.00 per \$1,000 of valuation		
	<u>General:</u>		
\$35.00	Gas Meter to be Turned on		
\$30.00	Water Well		
\$25.00	Each Re-Inspection		
ALTERNATE FEE SCHEDULE ALL NEW CONSTRUCTION			
\$0.05/Gross Sq. Ft.	New Construction Fee		

FAILURE TO OBTAIN PERMIT*			
*If work complete, double amount of permit fee plus a \$150 administrative fee.			
*If work is started but not complete, double amount of permit fee or a \$150 administrative fee, whichever is greater.			
	Double amount of permit fee		
\$150.00	Administrative Fee		

TOTAL AMOUNT DUE: _____