

CITY OF CARENCRO
DEPARTMENT OF REGULATORY CODES AND PERMITS
(337) 896-7971 OR (337) 896-8481 FAX (337) 886-7546
E-MAIL: planning@carencro.org

*****Note*** Permit will expire 180 days after issue date.**

PLUMBING PERMIT APPLICATION

Owner: _____ Bldg Permit # _____ Date: _____

Project Location: _____

City: _____ State: _____ Zip: _____ Phone #: _____

Plumbing Contractor: _____ Phone #: _____

License #: _____ Type of Occupancy: _____ Residential _____ Commercial

Residential and Commercial Service:

_____ Water closets @ \$5 each= \$ _____
_____ Tubs @ \$5 each= \$ _____
_____ Lavatories @ \$5 each = \$ _____
_____ Sinks @ \$5 each = \$ _____
_____ Cloths Washer @ \$5 each= \$ _____
_____ Dish Washer @ \$5 each= \$ _____
_____ Showers @ \$5 each=\$ _____
_____ Floor Drains @ \$5 each= \$ _____
_____ Water Heater @ \$5 each= \$ _____
_____ Electric Water Cooler @ \$5 each = \$ _____
_____ Urinals @ \$5 each= \$ _____
_____ Misc. Fixtures (Not listed) @ \$5 each=\$ _____
_____ Storm/Roof Drain @ \$5 each = \$ _____
_____ Water Service @ \$75.00 each= \$ _____
_____ Sewer Service @ \$75.00 each =\$ _____
_____ Gas Test @ \$75.00 each= \$ _____
_____ Rough Inn \$75.00 each = \$ _____
_____ Water Heater Replacement \$75.00 each = \$ _____
_____ Smoke Test \$75.00 each = \$ _____
_____ Smoke Test Repair \$75.00 each = \$ _____
_____ Storm Drain per Rough Inn \$75.00 each = \$ _____
_____ Storm Drain \$75.00 each = \$ _____
_____ Extra/Partial Inspections \$75.00 each = \$ _____
_____ Backflow Preventer Install Inspection \$75.00 each = \$ _____
_____ Grease Trap \$75.00 each = \$ _____
_____ Re-Inspection-\$75.00 each paid directly to Building Code Inspection Service
_____ No permit Fee = Double Fee Price

NOTICE

Any person who performs plumbing work as defined by the Louisiana Plumbing Law, R.S. 1377, Shall possess a license issued by the Louisiana State Plumbing Board. A master plumber shall properly designate his employing entity to the board. Any questions concerning compliance shall be addressed to the board. Initials _____

Total Permit Fee \$ _____

Paid by _____ Cash or _____ Check # _____ Visa _____ MasterCard _____ Discover _____

Applicant Signature: _____ Date: _____

City Official: _____ Date: _____

