



City of Annapolis

Department of Neighborhood & Environmental Programs

160 Duke of Gloucester St, 2nd Fl

Annapolis, MD 21401-2517

FOR CITY USE ONLY

PERMIT # _____

ISSUED _____

EXPIRES _____

DNEP@annapolis.gov • 410-263-7946 • Fax 410-263-9158 • TDD use MD Relay or 711 • www.annapolis.gov

Plumbing Permit Application

All work must be done in accordance with the State Plumbing Code as adopted by the City of Annapolis. CAUTION: Plastic water service lines will require the review of the electrical system to assure proper ground. Contact an electrical contractor.

Plumbing Gas Water/Sewer Connection Residential Commercial

Job location _____

Property Tax ID _____ Related Building Permit # _____

Property owner _____

Address _____

Occupant _____ Phone, day _____

Lic. Master Plumber name _____ City license # _____

Trading as _____ Phone, day _____

Mailing address _____

Meter: Existing New or Relocate If new or relocate, provide BGE WMS # _____

Gas data: Natural Bottled BGE WMS # _____

Pipe size: _____ 2 lb Low pressure

	Qty	BTU		Qty	BTU		Qty	BTU	Total BTUs
Boiler			Range			Fireplace			
Furnace			Water heater			Generator			
Other, specify use									

Floor	B	1	2	3	4	Floor	B	1	2	3	4		Qty
Water closet						Water heater						Utility work	
Bath tub						Urinal						Sewer insp	
Shower						Drinking fountain						Water insp	
Lavatory						Dishwasher						Grease trap	
Sink						Garbage disposal						Oil interceptor	
Laundry tub						Washer connection						G.R.U.	
Hydrant						Sump pump						Back flow device	
Floor drain						Sewer ejector						Back flow test	
Other						Other						Other	

Additional comments _____

I certify and agree as follows: that I am authorized to make this application; that the information is correct; that I will comply with all conditions, regulations and codes of the City of Annapolis which are applicable hereto; that I will perform no work on the above property not specifically described hereon; that the permit is void if authorized work does not commence within 120 days from issue date; that the issued permit is not transferable; that all fees are not refundable; that no work shall be started until permit is issued.

Signature of Licensed Plumber/Gas Fitter _____ Date _____

Office Use Only

Total fee due _____ Payment received by _____ Date _____

Special conditions if any _____