



PO Box 3827 * Beaumont, Texas 77704-3827

City of Beaumont

Phone (409) 880-3762 * Fax (409) 880-3110

BUILDING CODES DIVISION
PLUMBING PERMIT APPLICATION

Owner or Business NAME _____ DATE _____

ADDRESS OF WORK _____ CONTRACTOR _____

PERMIT FEES

[] RESIDENTIAL

[] COMMERCIAL

- 1. ___ Air Conditioning Drain @ \$3.00
2. ___ Dental Chair @ \$7.50
3. ___ Dish Washers @ \$3.75
4. ___ Drinking Fountain @ \$3.75
5. ___ Floor Drain @ \$3.00
6. ___ Garbage Disposal @ \$3.75
7. ___ Grease Trap @ \$50.00
8. ___ Laundry Tray @ \$3.00
9. ___ Lavatories @ \$3.00
10. ___ Service Sink @ \$3.00
11. ___ Sewer Line @ First Line \$35.00
Each Additional Line \$10.00 ___
12. ___ Showers @ \$3.00
13. ___ Single Sink - Restaurant @ \$5.75
14. ___ Sinks @ \$3.00
15. ___ Toilets @ \$3.00
16. ___ Tubs @ \$3.00
17. ___ Urinals @ \$8.00
18. ___ Wash Rack @ \$50.00
19. ___ Water Heater @ \$25.00
20. ___ Water Line @ First Line \$35.00
Each Additional Line \$10.00 ___
21. ___ Washing Machine @ \$3.00
22. ___ 2 Compartment Sink-
Restaurant @ \$5.40
23. ___ 3 Compartment Sink- @8.40

Minimum Work (\$35.00) _____

USAGE FEE \$2.00 + TOTAL FEE _____

Contractor's Signature _____

AFFIDAVIT: This is to certify that, at the above address, I will personally install the plumbing work in a building owned and occupied by me as my homestead in accordance with Article 6243-101, Section 3(a) Vernon's Annotated Civil Status.

CERTIFICATION:

I certify that all statements made herein or elsewhere in connection with this permit are true and correct. I also understand that any person who knowingly or willfully falsifies a permit application or receives a permit through willful omission or deception is guilty of a crime and may be subject to fines.

Owner's Signature _____

PERMIT # _____