



# PLUMBING WORKSHEET

City of Glendale Permit Service Center  
633 E. Broadway, Room 101 (Corner of Broadway and Glendale)  
Glendale, CA 91206 (818) 548-3200 and (818) 548-3215 (Fax)

Plan Check No. BPP \_\_\_\_\_

Plumbing Permit No. BP \_\_\_\_\_

Please type or print legibly in ink

**Property Address:** \_\_\_\_\_

**Permit Information:** The following information will help process the permit.

Is this work related to a building permit?  Yes  No

Check this box if work has already started  (**Note:** Double the permit fee will be charged for legalization)

Describe where the work will be done? \_\_\_\_\_

Fill in all that apply (Specify quantity):

- \_\_\_\_\_ \$30 Issuance Fee
- \_\_\_\_\_ \$20 Supplemental Permit to \_\_\_\_\_
- \_\_\_\_\_ \$65 Minimum Fee + Issuance
- \_\_\_\_\_ \$\_\_\_ Plan Check (50% of Permit Fee, Minimum \$65)

- \_\_\_\_\_ \$10 Toilet
- \_\_\_\_\_ \$10 Sink
- \_\_\_\_\_ \$10 Bathtub
- \_\_\_\_\_ \$10 Shower/Shower Pan
- \_\_\_\_\_ \$10 Garbage Disposal
- \_\_\_\_\_ \$10 Clothes Washer
- \_\_\_\_\_ \$10 Residential Water Softener
- \_\_\_\_\_ \$10 Lawn Sprinkler System
- \_\_\_\_\_ \$10 Drinking Fountain
- \_\_\_\_\_ \$10 Water Heater
- \_\_\_\_\_ \$10 Floor Sink (\*) or Drain
- \_\_\_\_\_ \$10 Urinal
- \_\_\_\_\_ \$10 Other Fixtures
- \_\_\_\_\_ \$10 Exterior Water Service, New or Replacement

Any combination of 10 new fixtures requires plan check (\*)

- Industrial Equipment**
- \_\_\_\_\_ \$65 Industrial Waste Interceptor (\*)
  - \_\_\_\_\_ \$65 Grease Trap (\*)
  - \_\_\_\_\_ \$5 Backflow Protective Device, Each
  - \_\_\_\_\_ \$25 Dental Chairs, Each (\*)
  - \_\_\_\_\_ \$25 Special Equipment, Per Piece of Equipment (\*)
  - \_\_\_\_\_ \$10 Miscellaneous Items, Each

- Re-pipes (Single Family Dwelling)**
- \_\_\_\_\_ \$30 1 Bathroom
  - \_\_\_\_\_ \$45 2 Bathrooms
  - \_\_\_\_\_ \$60 3 Bathrooms
  - \_\_\_\_\_ \$75 4+ Bathrooms

- Re-pipes (Multi-Family Dwelling – Per Unit)**
- \_\_\_\_\_ \$60 2 Bathrooms Or Less
  - \_\_\_\_\_ \$75 Greater than 2 Bathrooms

- Re-pipes (Non-Residential – Per Floor or Story)**
- \_\_\_\_\_ \$75 Less Than 10,000 s.f.
  - \_\_\_\_\_ \$150 10,001 s.f. – 100,000 s.f.
  - \_\_\_\_\_ \$250 Greater than 100,000 s.f.

- Gas Systems**
- \_\_\_\_\_ \$5 Low Pressure, Each Outlet
  - \_\_\_\_\_ \$65 Medium Pressure, Added to Outlet Charge (\*)
  - \_\_\_\_\_ \$65 Proprietary System, Added to Outlets

- Drain & Waste Systems**
- \_\_\_\_\_ \$25 Building Sewer
  - \_\_\_\_\_ \$35 Sewer Connection
  - \_\_\_\_\_ \$10 Repair Drain Line, Per Fixture on Line
  - \_\_\_\_\_ \$65 Sewer Cap
  - \_\_\_\_\_ \$10 Rainwater System, For Each Drain Inside the Building
  - \_\_\_\_\_ \$15 Sump Pump
  - \_\_\_\_\_ \$7 Temperature and/or Pressure Relief Valve or Hi-Temp Limit Device
  - \_\_\_\_\_ \$\_\_\_ Other \_\_\_\_\_ (Refer to Fee Schedule)

**NOTE:** Any item having this mark (\*) requires plan check for Multi-Family (3+ Units) & Commercial. Installations requiring Health Dept. or Industrial Waste approval require plan check. This includes medical & dental facilities, restaurants, and markets as well as any establishment that sells or prepares food on or off site.

**Property Owner Information:**

Property Owner \_\_\_\_\_ / Address \_\_\_\_\_ / Phone \_\_\_\_\_ / E-mail \_\_\_\_\_

**Professional Information:**

Engineer's Name \_\_\_\_\_ / Address \_\_\_\_\_ / License # \_\_\_\_\_ / Phone \_\_\_\_\_ / E-mail \_\_\_\_\_

Contractor's Name \_\_\_\_\_ / Address \_\_\_\_\_ / License # \_\_\_\_\_ / Phone \_\_\_\_\_ / E-mail \_\_\_\_\_

**Applicant Information:**

Applicant's / Contact's Name \_\_\_\_\_ / Address \_\_\_\_\_ / Phone \_\_\_\_\_ / E-mail \_\_\_\_\_

**FOR OFFICE USE ONLY**

**Processed By:** \_\_\_\_\_ **Receipt Number:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Plan Checked By:** \_\_\_\_\_ **OK to Issue By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Processed By:** \_\_\_\_\_ **Receipt Number:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

