



PLUMBING PERMIT APPLICATION
 City of Alcoa • 223 Associates Boulevard • Alcoa, TN 37701
 Ph#: (865)380-4730 • planningandcodes@cityofalcoa-tn.gov

APPLICATION WILL BE VOID AFTER 180 DAYS

Date: _____

Permit _____

OWNER'S NAME:				PHONE:			
ADDRESS:				CITY:			
PLUMBING CONTRACTOR'S NAME:				PHONE:			
BUILDING TYPE:		<input type="checkbox"/>	COMMERCIAL	<input type="checkbox"/>	RESIDENTIAL		
ADDRESS:				CITY:			
LOCATION OF JOB:							
BUILDING SEWER				WATER SERVICE			
SIZE _____		MATERIAL _____		SIZE _____		MATERIAL _____	
NEW LINE:	CITY	<input type="checkbox"/>	COUNTY	<input type="checkbox"/>	NEW LINE:	CITY	<input type="checkbox"/>
REPLACEMENT LINE:	CITY	<input type="checkbox"/>	COUNTY	<input type="checkbox"/>	REPLACEMENT LINE:	CITY	<input type="checkbox"/>
TYPE FIXTURES		Number		TYPE FIXTURES		Number	
WATER CLOSET				DISPOSAL			
URINAL				WASHER			
LAVATORIES				FLOOR DRAIN			
BATHTUBS				DRINKING FOUNTAIN			
SHOWERS				WATER HEATER			
SINKS				HOSE CONNECTION			
BAR SINK / MOP SINK				BACKFLOW PREVENTER			
DISHWASHER				Total From both Columns			

I, _____, hereby make oath that the information given herein is true and correct and that all work will conform to the adopted provisions of the 2018 International plumbing Code, as well as all other rules and regulations of the City of Alcoa.

Date: _____

Permit cost: _____

Codes Enforcement Officer: _____ **Permit#** _____