



City of Stafford

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Plumbing Permit

Building Permit #:

Plumbing Permit #:

Job Address:		Subdivision:	
Property Owner/Company Name:			
Address:		Phone:	
Plumbing Contractor:	Email:		
Address:		Phone:	
Use of Building:			
Class of Work:	New	Addition	Repair
Work Description:			
Please list quantity:		Inspection Quantity	Inspection Type
Water Closets _____	Shower/Baths _____		Total
Urinals _____	Fountains _____		Plumbing Ground
Hose Bibbs _____	Lavatories _____		Plumbing Top-Out
Clothes Washer _____	All Sinks _____		Gas Line Reconnect
Interceptors _____	Water Softener _____		Temporary Gas Inspection (TCI Letter Required)
Wet Bar _____	Ice Maker _____		Backflow Preventer Inspection
Floor Drains _____	Sewer Tie In _____		Plumbing Final
Stand Pipe System _____	Water Tie In _____		
Irrigation System _____	Gas Meter _____		
Clothes Dryer _____	Range _____		
Log Lighter _____	Furnace _____		
Pool Heater _____	Water Heater _____		
Miscellaneous _____	Mobile Home _____		
1st inspection	\$75.00	Total Inspections	\$
2nd inspection & each inspection thereafter		\$50.00	
Signature of Applicant		Inspection Schedule: ____ Now ____ Will Call	
Printed Name of Applicant		Inspection Type:	
<p>This permit becomes null and void if authorized work or construction has not commenced within six (6) months from purchase date of this permit, or if construction or work is suspended or abandoned for a period of six (6) months at any time after work is commenced.</p> <p>All provisions of laws and ordinances governing this type of work will be complied with, whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.</p>			