



PLUMBING PERMIT (PLB) APPLICATION
Planning & Building Services Department
Building Division

200 S. Willow St. | phone: (307) 733-7030
P.O. Box 1727 | www.tetoncountywy.gov
Jackson, WY 83001

For Office Use Only

Fees Paid _____

Check # _____ Credit Card _____ Cash _____

PLB _____

SITE LOCATION: To schedule an inspection, please call (307) 732-5745.

Physical Address: _____

Subdivision & Lot: _____ PIDN: _____

OWNER: A copy of the Warranty Deed or Contract of Sale must accompany this application.

Name: _____ Phone: _____

Mailing Address: _____ City, State: _____

Email: _____ ZIP: _____

APPLICANT/AGENT: If the applicant is other than owner, a notarized Teton County Planning & Development Letter of Authorization must accompany this application. Only the owner or his/her authorized agent may sign the application, correction list or permit.

Name: _____ Phone: _____

Mailing Address: _____ City, State: _____

Email: _____ ZIP: _____

CONTRACTOR: Contractors are required to be licensed in the Town of Jackson. A property owner may act as the general contractor for his/her primary residence only.

Name: _____ Phone: _____

Mailing Address: _____ City, State: _____

Email: _____ ZIP: _____

License No. _____

TYPE OF WORK: If there is already a permit include the permit number here: _____

- New Single-family residence (IRC)
Multi-Family Residential Addition/Remodel (IMC)
New multi-family residential (IMC)
New Commercial (IMC)
Single Family Residential Addition, Remodel (IRC)
Commercial Addition Remodel (IMC)
Other, Describe:

**NOTICE: This permit becomes null and void if work authorized by its issuance is not commenced within 180 days, or work is suspended or abandoned for a period of 180 days at any time after work has commenced. .
The granting of this permit does not give authority to violate or cancel the provisions of any state or local law regulating construction or the performance thereof.**

I certify that I have read and examined this application and know the same to be true and correct. All provisions of the laws and ordinances governing this work will be complied with whether specified herein or not

Signature of Contractor or Owner/Builder

Date

Print Name

Title

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	Date	Inspector Initials	Notes
Rough-In			
Final			

FEE TYPE	AMOUNT	QTY	TOTAL
1. Issuance Fee	\$50.00	1	\$50.00
2. Supplemental Fee	\$ 25.00		
3. Each Plumbing Fixture or Trap	\$ 7.00		
Bathtub (no Shower)			
Clothes Washer			
Dishwasher			
Drinking Fountain			
Floor Drain/Sink			
Kitchen Sink w/Disposal			
Laundry Sink			
Lavatory (Hand Sink)			
Shower/Tub-Shower Combo			
Urinal			
Water Closets (Toilets)			
Total Fixtures/Traps			
4. Rainwater System per drain (inside bldg)	\$ 7.00		
5. Electric Water Heater	\$ 10.00		
6. Solar Water Heater	\$ 10.00		
7. Waste Pre-treatment Interceptor	\$ 10.00		
8. Installation/Repair of Water Piping	\$25.00		
9. Repair/Alteration of DWV Systems per fixture	\$ 7.00		
10. Lawn Sprinkler Systems w/Backflow	\$10.00		
11. Atmospheric Vacuum Breakers			
1-5	\$5.00		
Over 5, each	\$1.00		
12. For each Backflow Device:			
2 inches and smaller	\$7.00		
Over 2 inches	\$15.00		
13. Medical Gas Piping Systems:			
1-5 outlets	\$ 5.00		
Additional inlets/outlets	\$ 1.00		
	TOTAL:		