



**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](http://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: \_\_\_\_\_

Lot, Subdivision: 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:**

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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Inspections	Date	Inspector Initials	Notes
Rough-In			
Final			

<b>FEE TYPE</b>	<b>AMOUNT/UNIT</b>	<b>QTY</b>	<b>TOTAL</b>
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 Over 5, each	\$10.00		
12. For each Backflow Device 2 inches and smaller Over 2 inches	\$7.00		
13. Medical Gas Piping Systems 1-5 outlets Additional inlets/outlets	\$ 5.00 \$ 1.00		
	<b>TOTAL:</b>		