



**PLUMBING PERMIT (PLB) APPLICATION**  
Planning & Development Department  
Building Division

200 S. Willow St. | ph: (307) 733-7030  
P.O. Box 1727 | fax: (307) 739-9208  
Jackson, WY 83001 | [www.tetonwyo.org](http://www.tetonwyo.org)

*For Office Use Only*

Fees Paid \_\_\_\_\_  
Check # \_\_\_\_\_ Credit Card \_\_\_\_\_ Cash \_\_\_\_\_  
PLB \_\_\_\_\_

*To schedule an inspection, please call (307) 732-5745.*

**SITE LOCATION:** Physical Address: \_\_\_\_\_  
Lot, Subdivision: \_\_\_\_\_  
PIDN: \_\_\_\_\_

**OWNER:** \_\_\_\_\_ Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City, State: \_\_\_\_\_  
Email: \_\_\_\_\_ ZIP: \_\_\_\_\_

**APPLICANT:** \_\_\_\_\_ Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City, State: \_\_\_\_\_  
Email: \_\_\_\_\_ ZIP: \_\_\_\_\_

**CONTRACTOR:** \_\_\_\_\_ 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: \_\_\_\_\_

**TOTAL FEE (from reverse)** \_\_\_\_\_

**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.

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. 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.

Signature of Contractor or Owner/Builder

Date

Print Name

Title

For Office Use Only

Inspection Type	Sign-off	Inspector's Initials

Notes:

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