

**CITY OF TULSA
 FACSIMILE PERMIT REQUEST
 DEVELOPMENT SERVICES • PERMIT CENTER
 175 E 2nd St, Suite 455, TULSA, OK 74103
 FAX: (918) 699-3100 OFFICE: (918) 596-9656**

CONTRACTOR NAME _____ | **ACCT #** _____

INSPECTION ADDRESS _____

OWNER'S NAME _____ | **BLDG PERMIT #** _____

RESIDENTIAL _____ **COMMERCIAL** _____ **NEW CONSTRUCTION** Yes No

PLUMBING PERMIT REQUEST FORM

PRESSURE REDUCING VALVE REQUIRED _____ **BACKFLOW ASSEMBLY** _____
RELOCATED BUILDING _____ **IRRIGATION** _____

	COUNT		COUNT		COUNT
BACKFLOW ASSEMBLY		SLAB LEAK – <input type="checkbox"/> DRAIN <input type="checkbox"/> WATER		IRRIGATION SYSTEM	
WATER CLOSET		AUTOMATIC WASHER		SUMPS/PITS	
URINAL		DISPOSAL		FLOOR DRAIN	
LAVATORIES		DISHWASHER		ROOF DRAIN	
SINKS		REROUTE PIPING		WATER HEATER	
SHOWER - <input type="checkbox"/> COMBO <input type="checkbox"/> PAN <input type="checkbox"/> STALL <input type="checkbox"/> VALVE		DRINKING FOUNTAIN		INTERCEPTER/ SEPARATOR	
TUB – <input type="checkbox"/> COMBO <input type="checkbox"/> NEW <input type="checkbox"/> VALVE		ICE MACHINE		GAS PIPING	
BIDET		WATER SERVICE		GAS OPENING	
BLDG WASTE LINE		SILLOCK		OTHER (DETAIL IN COMMENTS BELOW)	

OTHER/COMMENTS:

YOUR NAME: _____

YOUR PHONE # _____ YOUR FAX # _____

PERMIT #: _____ PERMIT FEE: \$ _____

NOTE: FAXED PERMITS ARE ISSUED BETWEEN THE HOURS OF 8:00 A.M. AND 4:15 P.M.
 MONDAY THROUGH FRIDAY.