



CITY OF TULSA
FACSIMILE PERMIT REQUEST
 FAX: (918) 699-3100 OFFICE: (918) 596-9656

CONTRACTOR NAME: _____ ACCT #: _____

INSPECTION ADDRESS: _____

OWNER'S NAME: _____ BLDG PERMIT #: _____

RESIDENTIAL: Yes No COMMERCIAL Yes No 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 (Specify Details):					

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.