



BUILDING STANDARDS DEPARTMENT

PLUMBING DATA FORM

This form must be completed by the permit applicant and must accompany a permit application form

PROJECT LOCATION						PLUMBING/DRAIN CONTRACTOR								
Street #		Street Name		Unit #		Name								
Legal Description				Floor #		Street #		Street Name						
PERMIT APPLICATION #: →						City		Phone		York Region Lic. #				
SPECIFY BUILDING TYPE:						TYPE OF SERVICE:								
RESIDENTIAL:			NON-RESIDENTIAL:			WATER (Dom)		WATER (Fire)		SEWAGE				
<input type="checkbox"/> Dwelling Unit (New/Add)			<input type="checkbox"/> Indust./Comm. (New)			<input type="checkbox"/> Municipal		<input type="checkbox"/> Municipal		<input type="checkbox"/> Municipal				
<input type="checkbox"/> Dwelling Unit (Alter)			<input type="checkbox"/> Indust./Comm. (Alter)			<input type="checkbox"/> Private		<input type="checkbox"/> Private		<input type="checkbox"/> Private Sewers				
<input type="checkbox"/> Apartment Building			<input type="checkbox"/> Institutional			<input type="checkbox"/> Private (Well)				<input type="checkbox"/> Private (Septic)				
FIXTURES: Specify No. of Fixtures per floor						BUILDING DRAINS/SEWERS:								
For Multi-Storey buildings with repetitive floors, specify which floor is typical:		# of Fixtures/Floor					Specify diameter (mm)		100	150	200	250	300	>300
		Bst	1st	2nd	3rd	PH	Building Sanitary Sewer							
							Building Sanitary Drain							
Bar Sinks							Building Storm Sewer							
Bathtubs							Building Storm Drain							
Showers							Where applicable, specify # of:							
Bidets							Area Drains							
Wash Basins (Lavatories)							Catch Basins							
Kitchen Sinks							Manholes							
Dishwashers							Intake Structures							
Laundry Tubs							Outfall Structures							
Clothes Washers							Other (Specify):							
Water Closets							WATER SERVICE							
Hot Water Tanks							Specify Diameter of Water Service Pipe:							
Floor Drains							Domestic Water Main							
Test Backflow Preventer							Fire Service Main							
Other Backflow Preventer							Number of Fire Hydrants							
Drinking Fountains							Number of Siamese Conn:							
Service Sinks							OTHER APPURTENANCES: (Specify Number of)							
Urinals							Hydronic Heating Syst.							
Grease/Oil Interceptor							Other (Specify):							
Indirect Wastes							TYPE OF MATERIAL USED ON PROJECT							
Rain Water Hoppers							<input type="checkbox"/> Non Comb		Specify	Specify	Specify			
Other (Specify):							<input type="checkbox"/> Comb							
Applicant Name (Please Print)						Applicant Signature						Date (MM/DD/YY)		