



Permit Number _____

CITY OF MOBERLY
APPLICATION FOR **PLUMBING PERMIT**

CONTRACTOR:

JOB ADDRESS:

NAME: _____

ADDRESS: _____

ADDRESS: _____

OWNER: _____

CITY: _____

DATE: _____

PHONE NUMBER: _____

PERMIT PURPOSES: _____

BUSINESS LICENSE: _____

BOND ON FILE: _____

NUMBER OF PLUMBING FIXTURES (\$5.00 each or the minimum fee if less than 4)
Sewer Lateral Repair is for repairs not located in the Right of Way. Repair or new work in the Right-of-Way shall complete a Water/Sewer Tap form for the appropriate permits.

SLOP SINKS: _____

BAR SINKS: _____

SEWER LATERAL REPAIR: _____

URINALS: _____

WATER CLOSETS: _____

SODA FOUNTAINS: _____

BATHTUBS: _____

DRINKING FOUNTAINS: _____

SHOWER/BATHS: _____

FLOOR DRAINS: _____

LAVATORIES: _____

DENTIST CUSPIDOR: _____

WASHING MACHINE: _____

CATCH BASINS: _____

KITCHEN SINK: _____

I hereby certify the information contained in the application to be correct and I assume responsibility for all inspections needed once the work is completed. Schedule an inspection by calling the Community Development Office 1.660.269.8705

MINIMUM FEE: \$20.00

Fee is payable by cash, check or card at the Water/Finance Department

Applicant Signature _____
(PLUMBER OR OWNER)

Date: _____