



PLUMBING PERMIT APPLICATION

(PLEASE PRINT CLEARLY)

Permit ID # _____

Project Information

Street Address: _____
Subdivision Name: _____ Section: ____ Lot: _____ Block: _____
Sq. Foot: _____ Dimension: _____ Project Value: _____
Brief Summary of Work: _____

Property Owner Information

Property Owner: _____ Phone: _____
Address: _____ City: _____ State: ____ Zip: _____

Contractor Information *Homestead Affidavit required if homeowner is performing work.

Contractors must be registered with the City of Leander

Contractor: _____
Address: _____ City: _____ State: ____ Zip: _____
Contact Person: _____ Phone: _____ Fax: _____

The Building Inspector is hereby given the authority to make inspection of the project site at any time during the progression of work and stop all work not in conformity with this permit, the plans and specifications or any laws of the State, Federal Government or City. This permit shall become null and void if work or construction authorized herein is not commenced within 6 months, or if construction or work is suspended or abandoned for a period of 6 months at any time after the work is commenced.

Signature: _____ Date: _____

701 Leander Drive, Leander TX 78641 (512) 528-2752 Fax: (512) 259-0660

Office Use Only

Approved Rejected By: _____ Date:

Resubmitted and Reviewed

Approved Rejected By: _____ Date:

Comments:

Fees:

Plumbing: _____ sq. ft. X \$0.15= _____ or \$40.00 Minimum