

CITY OF FAIRBANKS PLUMBING PERMIT APPLICATION			OFFICE USE ONLY		
PPLICANT TO COMPLETE NUMBERED SPACES ONLY PLEASE PRINT DATE 2. JOB ADDRESS			CE		
. DATE 2. JOB ADDRESS			FFI		
3. LEGAL PAN # LOT NO. BLK SUBDIVISION DESCRIPTION		4. JOB NAME	0		
S. APPLICANT MAIL ADDRESS CITY/STATE/ZIP	PHONE	FAX	EMAIL		
6. OWNER MAIL ADDRESS CITY/STATE/ZIP	PHONE	FAX	EMAIL		
CONTRACTOR MAIL ADDRESS CITY/STATE/ZIP	PHONE	FAX	EMAIL		
6. COF QUALIFIED PLUMBING CONTRACTOR (MASTER PLUMBER)		LICENSE E	XPIRATION DATE		
. FUEL	<b>13.</b> QTY	FIXTURE(S)/E	QUPMENT	FEE (OFFICE)	
0. CLASS OF WORK:					
□ NEW □ ALTERATION □ REPLACEMENT □ ADDITION					
1. USE OF STRUCTURE					
2. DESCRIBE WORK:					
	-				
	-				
	_				
	-				
CONDITIONS (OFFICE)					
NOTICE	]				
I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with					
whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the			WATER HEATER		
performance of construction. Note: The City of Fairbanks charges a convenience fee up to 3.6%			WATER HEATER		
(minimum \$2.50) on credit and debit card transactions not related to garbage collection.		MED CAS	OUTLET SYSTEM		
	APPROVI	MED. GAS ED FOR ISSUE BY:	OUTLET SYSTEM SUBTOTAL		
RINT NAME DATE	1		SOBIOTAL		
			PLAN CHECK FEE	E .	
IGNATURE OF CONTRACTOR OR AUTHORIZED AGENT DATE	DATE:		PERMIT FEE		
			TOTAL FEE		
CITY OF FAIRBANKS BUILDING DEPARTMENT 800 CUSHMAN S	TREET, FA	AIRBANKS AK 99701	PHONE 459-6	6720 FAX 459-6719	,

Visit Us on Web at www.fairbanksalaska.us

PROJECT NAME/NUMBER: