



**PLUMBING APPLICATION**

PROPERTY INFORMATION	
Project Address:	Phone Number:
Owner Name:	
Owner Address:	

CONTRACTOR INFORMATION		
Contractor Name:	Phone Number:	
Contractor Address:		
City:	State:	Zip:

PROJECT INFORMATION				
<input type="checkbox"/> Anti-syphon Device	<input type="checkbox"/> Appliances	<input type="checkbox"/> Fixtures	<input type="checkbox"/> Gas Line	<input type="checkbox"/> Gas Reconnect
<input type="checkbox"/> Sewer Line	<input type="checkbox"/> Water Line	<input type="checkbox"/> Water Outlets		
Work associated with Manufactured Home:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Quantity and Size:	
Description of Work:	Valuation:			

PROPERTY OWNER/AGENT AUTHORIZATION		
<p><b>Property Owner Consent/Agent Authorization:</b> By my signature, I hereby affirm that I am the property owner of record, or if the applicant is an organization or business entity, that authorization has been granted to represent the owner, organization or business in this application. I certify that the preceding information is complete and accurate, and it is understood that I agree to the application being requested for this property. Additionally, my signature below indicates my awareness of the fee required at the time of the application submittal and any additional fees as noted in the City's fee schedule. This fee is non-refundable even in the event of application withdrawal. I have the power to authorize and hereby grant permission for City of Dickinson officials to enter the property on official business as part of the application process.</p>		
_____ Signature of Contractor/Authorized Agent	_____ Printed Name	_____ Date

FOR OFFICE USE ONLY	
Permit Number: _____	Fees Due: _____
Date Submitted: _____	Payment: _____

You can email this application along with supporting documentation to:  
[permits@ci.dickinson.tx.us](mailto:permits@ci.dickinson.tx.us)