

CITY OF BREAUX BRIDGE  
DEPARTMENT OF REGULATORY CODES AND PERMITS  
(337) 332-8333 FAX (337) 332-8321  
E-MAIL: jbroussard@breauxbridgela.net

**\*\*\*Note\*\*\* Permit will expire 180 days after issue date.**

**PLUMBING PERMIT APPLICATION**

Owner: \_\_\_\_\_ Bldg Permit # \_\_\_\_\_ Date: \_\_\_\_\_

Project Location: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Plumbing Contractor: \_\_\_\_\_ Phone #: \_\_\_\_\_

License #: \_\_\_\_\_ Type of Occupancy: \_\_\_\_\_ Residential \_\_\_\_\_ Commercial

- \_\_\_\_\_ Back Flow Preventer @ \$50 each= \$ \_\_\_\_\_
- \_\_\_\_\_ Water closets @ \$5 each= \$ \_\_\_\_\_
- \_\_\_\_\_ Tubs @ \$5 each= \$ \_\_\_\_\_
- \_\_\_\_\_ Lavatories @ \$5 each = \$ \_\_\_\_\_
- \_\_\_\_\_ Sinks @ \$5 each = \$ \_\_\_\_\_
- \_\_\_\_\_ Clothes Washer @ \$5 each= \$ \_\_\_\_\_
- \_\_\_\_\_ Dish Washer @ \$5 each= \$ \_\_\_\_\_
- \_\_\_\_\_ Showers @ \$5 each=\$ \_\_\_\_\_
- \_\_\_\_\_ Floor Drains @ \$5 each= \$ \_\_\_\_\_
- \_\_\_\_\_ Water Heater @ \$5 each= \$ \_\_\_\_\_
- \_\_\_\_\_ Electric Water Cooler @ \$5 each = \$ \_\_\_\_\_
- \_\_\_\_\_ Urinals @ \$5 each= \$ \_\_\_\_\_
- \_\_\_\_\_ Misc. Fixtures (Not listed) @ \$5 each=\$ \_\_\_\_\_
- \_\_\_\_\_ Storm/Roof Drain @ \$5 each = \$ \_\_\_\_\_
- \_\_\_\_\_ Back flow preventer@ \$5.00each \$ \_\_\_\_\_
- \_\_\_\_\_ Water Service @ \$50.00 each= \$ \_\_\_\_\_ (customer supplied shut off valve)
- \_\_\_\_\_ Sewer Service @ \$50.00 each = \$ \_\_\_\_\_
- \_\_\_\_\_ Gas Test @ \$50.00 each= \$ \_\_\_\_\_
- \_\_\_\_\_ Rough Inn \$50.00 each = \$ \_\_\_\_\_
- \_\_\_\_\_ Water Heater Replacement \$50.00 each = \$ \_\_\_\_\_
- \_\_\_\_\_ Smoke Test \$50.00 each = \$ \_\_\_\_\_
- \_\_\_\_\_ Smoke Test Repair \$50.00 each = \$ \_\_\_\_\_
- \_\_\_\_\_ Storm Drain per Rough In \$50.00 each = \$ \_\_\_\_\_
- \_\_\_\_\_ Storm Drain \$50.00 each = \$ \_\_\_\_\_
- \_\_\_\_\_ Extra/Partial Inspections \$50.00 each = \$ \_\_\_\_\_
- \_\_\_\_\_ Re-Inspection-\$50.00 each paid directly to Building Code Inspection Service
- \_\_\_\_\_ No permit Fee = Double Fee Price

**Total Permit Fee \$** \_\_\_\_\_ Paid by Cash \_\_\_\_\_ Check # \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

City Official: \_\_\_\_\_ Date: \_\_\_\_\_