



Plumbing Permit Application

101 East Main St.
Robstown, Texas 78380
Phone (361) 387-4589 Opt.5

Building Inspection Department
P.O. Box 892
Robstown, Texas 78380
Email: qc_hub@cityofrobstown.com

Date _____
(Check One) Residential Commercial (Check One) New Bldg. Existing Bldg.
Owner of Property _____ Address _____
Phone _____ Lot _____ Block _____ Subdivision _____

Scope of Work: (required):

Name of Business _____
Master Plumber _____ Phone _____
State License # _____ exp date _____

_____ Water Closets	_____ Water Heaters	_____ Showers
_____ Grease Trap	_____ Baths	_____ Urinals
_____ Sumps	_____ Mud Trap	_____ Lavatories
_____ Floor Drains	_____ Laundry Trays	_____ Air Conditioners
_____ Sinks	_____ Slop Sinks	_____ Foundation
_____ Addition	_____ Misc.	

Fixture Fee	\$ _____	No. of Fixtures _____
Sewer Connection	\$ _____	
Gas Fee	\$ _____	Tap in (Street) (Easement) (Extension) (Cess Pool)
Water Service	\$ _____	Number of Meter loops _____
Total	\$ _____	Gas Outlets _____ Furnaces _____

This application becomes a permit when accepted and signed by the inspector. Applicant hereby agrees that all air conditioning- refrigeration's, heating or duct work installed under this permit shall comply with the latest codes as adopted by The City of Robstown. I hereby accept all conditions herein above mentioned and certify the quantities and statements by me are true and correct

Grease interceptors, sand trap/oil sand separator and storm drains require shop drawings- Intake 1 day review

FINAL INSPECTION REQUIRED TO CLOSE PERMIT

License Holder/Owner Signature _____ Date _____

License Holder/Owner Print _____

Plumbing Inspector _____ Date _____