



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 _____

Gas Outlets _____ Furnaces _____

Total \$ _____

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 _____