



**Community Development Department**  
**Building Safety Division**  
**840 West 11<sup>th</sup> Street**  
**Panama City, FL 32401**  
**850-248-8350**

**B19P – PLUMBING PERMIT APPLICATION**

Residential

Commercial

Property Owner	Property Owner Name:		Phone:	
	Property Street Address:		Unit:	
	Property City:	State:	Zip:	
	Parcel ID:	Property Owner Email:		
Contractor Info	Contractor Company Name:		Phone:	
	Contractor Email:			
	Primary Point of Contact (for Inspection Purposes):			
	Point of Contact Email:		Phone	
	Florida Contractor License or Bay County Competency Card Number:			

**Job Value: \$**

**Check All That Apply:**

<input type="checkbox"/>	Water Heater Fuel Type:	Number:	Size:
<input type="checkbox"/>	Location of Existing Unit:	Location of Proposed Unit:	
<input type="checkbox"/>	Other:		

**Use:**

**Scope of Work:**

Note: **FBC 107.3.5 EXEMPT FROM PLAN REVIEW:**  
**Residential only - Replacing existing residential equipment, with similar size and type such as water heaters and minor plumbing repairs and residential irrigation installations. Any change of fuel type (i.e., electric to gas) will require plan review.**

\_\_\_\_\_  
 CONTRACTOR - PRINTED NAME

\_\_\_\_\_  
 OWNER – PRINTED NAME

\_\_\_\_\_  
 CONTRACTOR - SIGNATURE - DATE

\_\_\_\_\_  
 OWNER - SIGNATURE – DATE