Town of New Castle Building Dept.
PO Box 90
450 West Main Street
New Castle, CO 81647
970-984-2311
Fax: 970-984-2716
www.newcastlecolorado.org

PLUMBING PERMIT

Job Address:		
Subdivision:	Block No:	Lot No:

Owner:	Phone:
Owner's Address:	
Plumbing Contractor:	Phone:
Contractor's Address:	
State Plumbing License No:	New Castle License No:

Type of Work: ☐New Construction ☒Remodel	Valuation of work:

Permit Fees: Enter the number of each item and total

No.	Item	Fee	Total		No.	Item	Fee	Total
	Water Closet (toilet)	7.00				Urinal	7.00	
	Bathtub	7.00				Drinking Fountain	7.00	
	Lavatory (wash basin)	7.00				Floor-Sink or Drain	7.00	
	Shower	7.00				Slop Sink	7.00	
	Kitchen Sink & Disposal	7.00				Gas Systems with 1-5 Outlets	7.00	
	Dishwasher	7.00				Additional Gas Outlets, per outlet	1.00	
	Clothes Washer	7.00				Water Heater	7.00	
	Lawn Sprinkler with backflow prevention	7.00				Other		
	COLUMN TOTAL					COLUMN TOTAL		
						TOTAL FEES (Columns 1+2)	$	

AGREEMENT

I hereby certify that I have read and examined this application and know that all information is true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Signature of Contractor Date

Signature of Owner Date

For Town Use Only

Permit Issue Fee: $50.00	Total From Above:	**TOTAL DUE: $**

PLUMBING PERMIT NO:	Date:	Issued By: