

City of Batavia

RESIDENTIAL PLUMBING REVIEW SHEET

PROPERTY ADDRESS: _____

PERMIT # _____

DATE: _____

PLEASE FILL OUT THE FOLLOWING INFORMATION TO EXPEDITE PLUMBING PLAN REVIEW FOR NEW ROOM ADDITION OR RESIDENTIAL REMODELING JOB.

	NEW FIXTURES #	EXISTING FIXTURES #
W.C.	_____	_____
LAVS	_____	_____
D.W.	_____	_____
K.S.	_____	_____
L.T.	_____	_____
W.M.	_____	_____
TUB & SHOWER	_____	_____
SHOWER	_____	_____
TUB	_____	_____
BAR SINK	_____	_____

EXISTING WATER SERVICE SIZE: _____

EXISTING WATER METER SIZE _____

PLEASE SUBMIT ISOMETRIC DRAWINGS INDICATING WASTE, VENT AND WATER PIPING DETAILS FOR ALL NEW FIXTURES.

WC-WATER CLOSET LAV-LAVATORIES D.W.-DISHWASHER K.S.-KITCHEN SINK
L.T. - LAUNDRY TUB W.M.-WASHING MACHINE