# TOWN OF PERTH

**Plumbing Information Sheet**

Site Address: _____

Application is to: □ **Construct** □ **Alter** □ **Repair**

| |
|---|
| Owner's Name: |
| Owner's Phone#: |

| |
|---|
| Plumber Name: |
| Company Name: |
| Plumber Phone #: |
| Plumber License #: |

Total Fixture Count ☐

Please fill in Number of fixtures per storey

| Fixture Type | Basement | 1st Storey | 2nd Storey | 3rd Storey | 4th Storey | 5th Storey | 6th Storey | 7th Storey | 8th Storey | 9th Storey | 10th Storey |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Toilet/Bidet | | | | | | | | | | | |
| Bathroom Sink | | | | | | | | | | | |
| Shower | | | | | | | | | | | |
| Bathtub | | | | | | | | | | | |
| Clothes Washer | | | | | | | | | | | |
| Laundry Sink | | | | | | | | | | | |
| Kitchen Sink | | | | | | | | | | | |
| Dish Washer | | | | | | | | | | | |
| Hot Water Tank | | | | | | | | | | | |
| Water Softener | | | | | | | | | | | |
| Hose Bib | | | | | | | | | | | |
| Urinal | | | | | | | | | | | |
| Floor Drain | | | | | | | | | | | |
| Grease Trap | | | | | | | | | | | |
| Oil Interceptor | | | | | | | | | | | |
| Backwater Valve | | | | | | | | | | | |
| Special Fixtures | | | | | | | | | | | |
| **TOTAL** | | | | | | | | | | | |