



# PLUMBING PERMIT APPLICATION

(PLEASE PRINT CLEARLY)

Permit ID # \_\_\_\_\_

## Project Information

Street Address: _____			
Subdivision Name: _____	Section: ____	Lot: _____	Block: _____
Sq. Foot: _____	Dimension: _____	Project Value: _____	
Brief Summary of Work: _____			

## Property Owner Information

Property Owner: _____	Phone: _____		
Address: _____	City: _____	State: ____	Zip: _____

## Contractor Information

**\*Homestead Affidavit required if homeowner is performing work\***

### Contractors must be registered with the City of Leander

Contractor: _____			
Address: _____	City: _____	State: ____	Zip: _____
Contractor Email: _____			
Contact Person: _____	Phone: _____	Fax: _____	

The Building Inspector is hereby given the authority to make inspection of the project site at any time during the progression of work and stop all work not in conformity with this permit, the plans and specifications or any laws of the State, Federal Government or City. This permit shall become null and void if work or construction authorized herein is not commenced within 6 months, or if construction or work is suspended or abandoned for a period of 6 months at any time after the work is commenced.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Permits Division, P.O. Box 319, Leander, Texas 78646-0319  
Ph. (512) 528-2752, [permits@leandertx.gov](mailto:permits@leandertx.gov), <http://www.leandertx.gov>

**Office Use Only**

Approved Rejected By: \_\_\_\_\_ Date: \_\_\_\_\_

Resubmitted and Reviewed

Approved Rejected By: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:

---

---

---

---

---

---

---

**Fees:**

Plumbing: \_\_\_\_\_ sq. ft. X \$0.15= \_\_\_\_\_ or \$40.00 Minimum