TOWN OF CARLETON PLACE

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											