

Public Works Engineering Manager  
**R. Neal Howard, P.E.**

Public Works Superintendent  
**Theodore H. Lawson**

Public Works Assistant Superintendent  
**Richard H. Crist, P.L.S.**

Inspection Services Director  
**Thomas J. Waters, CFM**



Inspections Engineering Manager  
**Matthew Barclift, P.E., CFM**

Facilities Engineering Manager  
**Tyler Martin, P.E.**

Building Maintenance Superintendent  
**George E. Oaks**

Director, Public Safety Communications  
**Eric M. Linsley**

## MOBILE COUNTY PUBLIC WORKS

### PLUMBING/FUEL GAS PERMIT REQUEST

Phone: 251-574-3507 Fax: 251-574-3509 Email: [permits@mobilecounty.net](mailto:permits@mobilecounty.net)

**Requests received after 3:00 pm will be processed the following business day**

Property Address: \_\_\_\_\_ Date: \_\_\_\_\_

Type of Structure: \_\_\_\_\_ Residential \_\_\_\_\_ Commercial

Type of Inspection Request: \_\_\_\_\_

Owner/Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

Plumbing Contractor: \_\_\_\_\_

Mobile County Bus. License: \_\_\_\_\_ Alabama Master Plbg/Gas Fitter License: \_\_\_\_\_

General Contractor: \_\_\_\_\_

1. **A contract or signed estimate on company letterhead is required to issue permit.**
2. A copy of the recorded deed is required if the address is not valid.
3. Please attach a copy of the *Septic System Approval* if the inspection is for new construction or addition to a building.
4. Requested date of inspection \_\_\_\_\_

I attest that I or the company I represent will be performing the work necessary to complete the above plumbing and/or fuel gas installation. The work will comply with 2012 International Plumbing Code, Fuel Gas Code, and all other applicable codes. I agree to pay all additional credit card transaction fees charged by the processing company for the permit issuance. I agree to recognize the facsimile signature below to be legal and binding as an original.

Signature: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

#### Below for Permitting Department Only

Receipt to: \_\_\_\_\_ Date: \_\_\_\_\_ Permit No.: \_\_\_\_\_

Total Charged Amount: \$ \_\_\_\_\_ By: \_\_\_\_\_