



**TOWN OF FREDERICA**  
P.O. Box 294, 2 West David St., Frederica, DE 19946  
302/335-5417 permits@TownOfFrederica.com  
**FIRST STATE INSPECTION AGENCY, INC.**  
302/422-3859 inspections@FirstStateInspection.com



## PLUMBING PERMIT/ INSPECTION APPLICATION

Job Site Contact	Phone #	Plumbing Permit #	Inspection Fee \$
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Project Address \_\_\_\_\_ Owner \_\_\_\_\_ Today's Date \_\_\_\_\_

Development \_\_\_\_\_ Lot # \_\_\_\_\_ Estimated Project Cost \$: \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Type: Residential All Other\*\*\* Type of Work: New Building Addition to Building Other:

### PLUMBING FIXTURES

Quantity	Description	# of bathrooms
_____	Backflow Preventor	_____ Bathroom Group
_____	Bidet	_____ Clean-Out
_____	Dishwasher	_____ Drinking Fountain
_____	Floor Drain/Sink	_____ HoseBib/Wall Hyd
_____	Ice Maker	_____ Lavatory
_____	Open Site Drain	_____ Roof/Surface Drain
_____	Shower	_____ Sink
_____	Meter	_____ Tub
_____	Urinal	_____ Washing Machine
_____	Water Closet	_____ Water Heater-Elec
_____	Sprinkler System (Lawn)	

### SEWER/WATER

_____	Building Sewer	_____ Sewer Repair
_____	Drain/Vent System	_____ Sewer Cap-off
_____	Storm Manhole	_____ Road/Sewer
_____	Water Service	_____ Excavation
_____	Fire Service	_____ Water Pipe
_____	Sewage Pump	_____ Grease Trap

### GAS FIXTURES

_____	Gas Boiler	_____ Gas Dryer
_____	Gas Furnace	_____ Gas Kitchen
_____	Gas Log	_____ Appliance
_____	Gas Oven	_____ Gas Pool Heater
_____	Gas Range	_____ Gas Rooftop Unit
_____	Gas Space Heater	_____ Gas Water Heater

### NEW CONSTRUCTION - RESIDENTIAL

_____	Gas Space Heater
_____	Gas Water Heater

### OTHER

_____	Solar Heat
_____	Swimming Pool

Appl. Signature _____
Print Name _____
Company Name _____
Address _____
City _____ State _____ Zip _____
Prof. License # _____ Exp. Date _____

### Additional Comments/Instructions:

SPACE BELOW FOR AGENCY'S USE ONLY	
Progress Status:	
<input type="checkbox"/> Rough	
<input type="checkbox"/> Progress	
<input type="checkbox"/> LKD	
<input type="checkbox"/> Incomplete	
<input type="checkbox"/> Violation	<input type="checkbox"/> Other Side
Inspectors Name _____	Date _____
Invoice #: _____	Check #: _____
Invoice Date: _____	

v2025.03.01

**Per Delaware Plumbing Code, Test or Test Certification Form required at time of inspection for any concealed plumbing.**

\*\*\* All Commercial projects must undergo a Commercial Plan Review and detailed construction documents are required to be submitted with this application. Plans must detail all plumbing work to be completed. Stamped approved plans will be returned to you when the permit is approved. \*\*\*