

**TOWN OF EAGLEVILLE, TENNESSEE**

P.O. Box 68  
Eagleville, TN 37060  
615-274-2922 · Fax 615-274-2977  
www.eaglevilletn.com

**PLUMBING PERMIT APPLICATION**

Job Address: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Applicant is the:         Contractor\* License Number: \_\_\_\_\_         Homeowner\*\*

\*A Special Plumbers License with the City of Murfreesboro or State of Tennessee is required.

\*\*If applicant is the homeowner, he/she must read and sign a Homeowner Affidavit.

Project Information:     Existing Commercial         Existing Residential  
                                  New Commercial             New Residential

Property Owner: \_\_\_\_\_

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

City, State, Zip \_\_\_\_\_ Phone: \_\_\_\_\_

Is this property on:     Septic                             Sewer

**Indicate number of fixtures (each)**

- |   |                           |                              |
|---|---------------------------|------------------------------|
| _____ Bathtub   | _____ Water Heater        | _____ Sewer Connection       |
| _____ Toilet  | _____ Laundry Sink        | _____ Sewer Repair           |
| _____ Shower  | _____ Washer              | _____ Backflow Preventer     |
| _____ Urinal  | _____ Mop Sink            | _____ Grease Trap            |
| _____ Kitchen Sink                                      | _____ Lavatory            | _____ Floor Drain            |
| _____ Dishwasher  | _____ Drinking Fountain   | _____ Water Line Connection  |
| _____ Garbage Disposal                                  | _____ Swimming Pool       | _____ Ice Machine/Maker      |
| _____ Bar Sink  | _____ Outside Faucet      | _____ Whirlpool              |
| _____ Bidet   | _____ Clinical Sink       | _____ Three Compartment Sink |
| _____ Sump Pump   | _____ Sewage Ejector Pump | _____ Septic Tank Connection |
| _____ Water Connection to Carbonated Beverage Dispenser |                           |                              |
| _____ Other (Please Specify) _____                      |                           | Total Fixtures: _____        |

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_