

**TOWN OF EASTON**  
 14 S. Harrison Street  
 Easton, Maryland 21601  
 410-822-2526 Fax 410-822-8738  
 Inspections 410-822-2526  
**Plumbing Addendum Application**

**Please complete all applicable fields on this application:**

Town of Easton Plumber Lic. # \_\_\_\_\_

Owner: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Fax #: \_\_\_\_\_

Company Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Fax #: \_\_\_\_\_

Addendum to  
 Building Permit # \_\_\_\_\_ Application Date \_\_\_\_\_ Approved By: \_\_\_\_\_ Date: \_\_\_\_\_  
 Street Address \_\_\_\_\_ Lot # \_\_\_\_\_

**Description of Proposed Plumbing Work:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Fixtures Involved:

Fixture	1st Floor	2nd Floor	3rd Floor	Basement	Total
Water Closet					
Bidet					
Urinals					
Bath Tubs					
Shower Baths or Shower					
Lavatories					
Sinks					
Laundry Tubs					
Floor Drains					
Pumps (Submersible)					
Water Heaters					
Dish Washers					
Washers					
Water Conditioners					
Garbage Disposals					
Drinking Fountains					
Commercial Ice Makers					
Water Fountains					
Backflow Preventer					
Grease Traps					
Lateral Installation or Replacement					
Total (By Floor)					

**Up to 5 fixtures** \_\_\_\_\_ **\$35.00**  
**Over 5 fixtures** \_\_\_\_\_ **add \$8.00 per each additional fixture.**  
**Appliances** \_\_\_\_\_ **\$8.00 per appliance.**  
**Installation of Laterals** \_\_\_\_\_ **\$25.00**

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Print Name**