



**City of North Liberty
 Dept. of Building Safety
 319-626-5713**

| PERMIT APPLICATION TO REPLACE EXISTING WATER HEATER APPLICATION FEE \$23.50 | | | |
|--|--|---|--------------------------|
| ADDRESS LOCATION OF THE WATER HEATER | | | |
| | | | |
| APPLICANT'S INFORMATION | | | |
| Name: | | | |
| Company Name: | | | |
| Current address: | | | |
| City: | State: | ZIP Code: | |
| Phone: | Email: | | |
| PROPERTY OWNER'S INFORMATION | | | |
| Name: | | | |
| Property Address: | | | |
| Phone: | E-mail: | | |
| City: | State: | ZIP Code: | |
| INSTALLER'S INFORMATION | | | |
| Company Name: | | | |
| Address: | | Phone: | |
| City: | State: | ZIP Code: | |
| <i>State of Iowa Code states a person shall not operate as a contractor or install or repair plumbing, HVAC, refrigeration, or hydronic systems without obtaining a license issued by the State of Iowa Plumbing and Mechanical Systems Board</i> | | | |
| CHECK BOX FOR TYPE OF EQUIPMENT TO BE INSTALLED | | | |
| <input type="checkbox"/> Natural Gas Water Heater | <input type="checkbox"/> Electrical Water Heater | <input type="checkbox"/> Natural Gas Tank less Water Heater | <input type="checkbox"/> |
| APPLICANT ACKNOWLEDGMENT | | | |
| I hereby apply for a permit and I acknowledge that the information provided here in is completed and accurate; that the work will be in conformance with the federal, state and local applicable codes; that I understand this is not the permit but only an application for a permit and work is not to start without a permit; I understand the city must perform inspection when all work is completed. | | | |
| Name: | | | Date: |
| | | | |