

**Department of Licensing and Consumer Affairs
Plumbing Services and Supply Price Survey Form**

Name of your Business: _____

Business Physical Address: _____

Telephone Number: _____

Business Number: _____

Social Security No.: _____

Tax I.D. No.: _____

Plumber ID Number: _____

E-Mail: _____

Legal form of Business: ☐ Corporation ☐ Partnership ☐ Partnership ☐ Joint Venture ☐ Individual

ITEM	UNIT	LOW	HIGH
R/R Kitchen Sink	Each	\$ _____	\$ _____
R/R Garbage Disposal	Each	\$ _____	\$ _____
R/R Toilet	Each	\$ _____	\$ _____
R/R Lavatory	Each	\$ _____	\$ _____
R/R Bath Tub/Shower	Each	\$ _____	\$ _____
R/R Water Heater	Each	\$ _____	\$ _____
Plumbing Inspection and Estimate	Job	\$ _____	\$ _____

Total Plumbing System Replacement

ITEM	LOW	HIGH
R/R Economy	\$ _____	\$ _____
R/R Average Quality	\$ _____	\$ _____
R/R Good Quality	\$ _____	\$ _____
R/R High Quality	\$ _____	\$ _____
Over head*	\$ _____	\$ _____
Include Insurance & Tax		
Profits*	\$ _____	\$ _____

*Provide these figures only if they are not included in the unit cost.

I hereby certify that the information provided herein is true and correct.

Print Name

Signature

Date