



Air Admittance Valve Application Form

- Fill out this application completely.
- Save the form.
- Upload the form on the "Attachments" step when applying for a permit on <https://mabcdportal.sedgwickcounty.org>

Applicant Name, Email & Phone*

Job Address*

Plan Review Number (Optional. Starts with PLR)

Permit Number (Starts with PLM or BLD if not a new application)*

Fixture(s) where an AAV is requested (*required)

- | | | | | |
|--------------|----------------|-----------------------|------------|----------------|
| Kitchen sink | Clothes washer | Bar sink | Salon sink | Bathroom group |
| Stool only | Tub / Shower | Other, please specify | | |

Are the fixture(s) draining into a sewage ejector sump? (*required)

Factors for consideration. Please check all that apply. (*required)

1. Where there are no full height walls that extend from the floor to the ceiling or roof.
2. Where the wall or walls potentially available cannot be altered for penetration due to the load bearing function of the wall.
3. Where structural elements such as trusses or beams are in place that cannot be altered for penetration by boring, cutting or notching.
4. Where HVAC duct is located such that code compliant slope cannot be achieved on the foot vent or drain piping to install a UPC code compliant Island vent system.
5. Where piping would be exposed in such a manner as to detract from the aesthetic, harmonious or functional qualities of the space.
6. Where there is a habitable or finished space above the trapped fixture that is not being remodeled.
7. Where the fixture is in an island or pedestal configuration and one or more of site conditions number 1 through 6 apply.
8. Where remodeling an existing concrete slab on grade structure where there is insufficient depth of drainage piping to achieve code compliant slope of the foot vent.

All fields with an asterisk () are required to be completed to ensure a timely approval.*