

APPLICATION FOR PLUMBING PERMIT

(APPLICATION MUST BE TYPED OR PRINTED)

TOWN OF _____ PERMIT NO. _____

LOCATION OF JOB			FEE SCHEDULE		TYPE OF JOB	
NO. _____ STREET _____ TOWN _____ STATE _____ ZIP _____			FEE \$25 \$87 VALUE OF CONSTRUCTION FOR 1ST \$1000 (MINIMUM FEE). FOR EACH ADDITIONAL \$1000 OR PART THEREOF. BUILDING OFFICIAL MAY DEMAND AFFIDAVIT OF ACTUAL VALUE.	<input type="checkbox"/> ORIGINAL CONST. <input type="checkbox"/> REPAIR		
				<input type="checkbox"/> ALTERATION <input type="checkbox"/> DEMOLITION		
				<input type="checkbox"/> ADDITION <input type="checkbox"/> CHANGE OF USE		
OWNER			VALUE-FEES		FIXTURES	
NAME _____ NO. _____ STREET _____ TOWN _____ STATE _____ ZIP _____			ESIMTATED	VALUE _____	FEE _____	NO. _____
			ACTUAL	_____	_____	BATHTUB _____ LAVATORY _____
			DIFFERENCE	_____	_____	SHOWER _____ WASHTUB _____
			ADDITIONAL FEE	_____	_____	TOILET _____ URINAL _____
						SINK _____ BIDET _____
APPLICANT			DEPARTMENT DECISION		TYPE OF BUSINESS	
NAME _____ NO. _____ STREET _____ TOWN _____ STATE _____ ZIP _____			APPLICATION IS HEREBY <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED _____ DATE _____ BUILDING OFFICIAL _____		<input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL	
					<input type="checkbox"/> _____ OTHER _____	
PLUMBING CONTRACTOR INFORMATION						
NAME _____ NO. _____ STREET _____ TOWN _____ STATE _____ ZIP _____			CONTRACTOR LICENSE NO. _____		CLASS OF LICENSE _____	
			EXPIRATION DATE _____		CONTRACTOR TELEPHONE _____	
			CONTRACTOR SIGNATURE _____			

**MECHANICAL CONTRACTORS ARE REQUIRED TO OBTAIN PERMITS BEFORE STARTING ANY WORK.
PERMITS EXPIRE ONE (1) YEAR FROM DATE OF ISSUE.**

TOILET ROOM VENTILATION		PIPE		APPLIANCES	
WINDOW _____ FAN _____	SIZE _____ CU. F.M. _____	SOIL _____	SIZE _____ TYPE _____	DISHWASHER _____	NO. _____ MFR. _____
SANITATION PERMIT NO. _____		WASTE _____		GARBAGE DISPOSAL _____	
SEPTIC TANK SIZE _____ GAL. _____		MAIN VENT _____		CLOTHES WASHER _____	
LEACHING FIELD _____ SQ. FT. _____		OTHER VENT _____		WATER SUPPLY	
WATER HEATER - TANK		COLD SUPPLY _____		<input type="checkbox"/> PUBLIC <input type="checkbox"/> ASSOCIATION	
TYPE _____		HOT SUPPLY _____		IF WELL TYPE _____ DEPTH _____	
MAKE _____		GAL. PER MIN. _____ STATIC LEVEL _____			
MODEL _____		REMARKS: _____ _____ _____ _____ _____ This is to certify that I am the owner or authorized agent for the owner. All work covered by this application has been authorized by the owner of this property and will be done according to the Connecticut Basic Building Code.			
CAPACITY _____ GAL. _____ GAL.					
TEST PRESSURE _____ P.S.I. _____ P.S.I.					
WORKING PRESS. _____ P.S.I. _____ P.S.I.					
TEMP. RELIEF _____					
PRESS. RELIEF _____ P.S.I. _____		DATE _____		APPLICANT SIGNATURE _____	

BUILDING OFFICIAL - WHITE CONTRACTOR - CANARY