

(APPLICATION MUST BE TYPED OR PRINTED)

TOWN OF

PERMIT NO.

LOCATION OF JOB			FEE SCHEDULE		TYPE OF JOB																															
_____ NO. STREET TOWN STATE ZIP			FEE VALUE OF CONSTRUCTION \$25 FOR 1ST \$1000 (MINIMUM FEE). \$ 6 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			<table border="0"> <thead> <tr> <th></th> <th>VALUE</th> <th>FEE</th> </tr> </thead> <tbody> <tr> <td>ESIMTATED</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>ACTUAL</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>DIFFERENCE</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>ADDITIONAL FEE</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>			VALUE	FEE	ESIMTATED	_____	_____	ACTUAL	_____	_____	DIFFERENCE	_____	_____	ADDITIONAL FEE	_____	_____	<table border="0"> <thead> <tr> <th></th> <th>NO.</th> <th>NO.</th> </tr> </thead> <tbody> <tr> <td>BATHTUB</td> <td>_____</td> <td>LAVATORY _____</td> </tr> <tr> <td>SHOWER</td> <td>_____</td> <td>WASHTUB _____</td> </tr> <tr> <td>TOILET</td> <td>_____</td> <td>URINAL _____</td> </tr> <tr> <td>SINK</td> <td>_____</td> <td>BIDET _____</td> </tr> </tbody> </table>			NO.	NO.	BATHTUB	_____	LAVATORY _____	SHOWER	_____	WASHTUB _____	TOILET	_____	URINAL _____	SINK	_____	BIDET _____
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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. EXPIRATION DATE CONTRACTOR SIGNATURE		CLASS OF LICENSE CONTRACTOR TELEPHONE																															

**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.			SIZE	TYPE	NO.	MFR.
SANITATION PERMIT NO. _____			SOIL	_____	DISHWASHER	_____
SEPTIC TANK SIZE _____ GALS.			WASTE	_____	GARBAGE DISPOSAL	_____
LEACHING FIELD _____ SQ. FT.			MAIN VENT	_____	CLOTHES WASHER	_____
WATER HEATER - TANK					WATER SUPPLY	
TYPE _____			OTHER VENT	_____	<input type="checkbox"/> PUBLIC <input type="checkbox"/> ASSOCIATION	
MAKE _____			COLD SUPPLY	_____	IF WELL TYPE _____ DEPTH _____	
MODEL _____			HOT SUPPLY	_____	GAL. PER MIN. _____ STATIC LEVEL _____	
CAPACITY _____ GAL.			REMARKS: _____			
TEST PRESSURE _____ P.S.I.			_____			
WORKING PRESS. _____ P.S.I.			_____			
TEMP. RELIEF _____			_____			
PRESS. RELIEF _____ P.S.I.			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.			
			DATE _____		APPLICANT SIGNATURE _____	

BUILDING OFFICIAL - WHITE CONTRACTOR - CANARY