

**Application for Plumbing Permit**

All work done under this permit must comply with the Connecticut State Building Code in effect at time of application date.

<b>Date of Application:</b>	<b>Location of Work (# and street):</b>		
<b>Owner:</b>	<b>Address (#, Street, Town, State, Zip):</b>	<b>Phone:</b>	<b>Cell:</b>
<b>Applicant:</b>	<b>Address (#, Street, Town, State, Zip):</b>	<b>Phone:</b>	<b>Cell:</b>
<b>Contractor:</b>	<b>Address (#, Street, Town, State, Zip):</b>	<b>Phone:</b>	<b>Cell:</b>

<b><u>Project Type</u></b>	<b><u>Other Information</u></b>	<b>Call Before You Dig Authorization #: Call 800-922-4455</b>
<input type="checkbox"/> New Home <input type="checkbox"/> Addition <input type="checkbox"/> Replacement <input type="checkbox"/> Alteration <input type="checkbox"/> Commercial <input type="checkbox"/> Other _____	<input type="checkbox"/> Water Heater <input type="checkbox"/> Ejector <input type="checkbox"/> Fixtures <input type="checkbox"/> Sprinklers/Fire Suppression <input type="checkbox"/> Domestic Water piping materials: _____ <input type="checkbox"/> Drain, Waste, Vent piping materials: _____ <input type="checkbox"/> Gas Piping materials: _____ <input type="checkbox"/> Radiant Heat piping materials: _____	<b>Detailed Description of Work/Remarks:</b>  <b>Estimated Cost of Work: (Labor &amp; Materials)</b>

**Certification:** I hereby certify that:  I am the owner of record of the named property or;  that the proposed work is authorized by the owner of record and/or I have been authorized to make this application as an authorized agent and we agree to conform to all applicable laws, regulation and ordinances. All information contained within is true and accurate to the best of my knowledge and belief. No work shall be start until the applicant has received the signed approved permit. This permit shall lapse if work does not commence within 6 months of permit approval.

<b>Applicant Signature:</b>	<b>Date:</b>	<b>Print Name:</b>
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**Please do not write below this line.**

<b>CT Contactors License</b> # _____ Exp Date _____  <b>Workman's Comp Insurance</b> Exp Date _____ Sole Prop _____  <b>Fire Marshall Approval</b> N/A NO YES (date approved) _____	<b>Plan Reviewed By:</b>	<b>Date:</b>
	<b>Approval Constitutes Issuance of this Building Permit</b>	
	<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	
	<b>Building Official Signature:</b>	
<b>Permit Fee:</b>		<b>Permit Number:</b>

**Required Inspections**

- Inground piping w/ tests before backfill
- Final Inspection
- Rough piping w/ tests before concealing
- Certificate of Approval