APPLICATION FOR PLUMBING PERMIT

TOLLAND, CONNECTICUT

PERMIT # _____ DATE OF SUBMISSION_____

LOCATION OF JOB (# & Street)_____

OWNER NAME:_____ ADDRESS:_____

PLUMBING CONTRACTOR:_____ ADDRESS:_____

License # & Type _____ Tel. # Owner _____ Tel. # Contractor _____

TYPE OF WORK BEING DONE

___Original Construction ___Repair

___Alteration ___Demolition

___Addition _____(Other)

_____$30.00 first $1,000; $12.00 each additional $1,000

$_____ Construction Cost FEE $_____

_____ $10.00 Filing Fee under Building Permit #_____

_____ Cash _____ Check Rec'd by _____

WATER SUPPLY: ___Well ___Public Pump Contractor _____

Pump Manufacturer _____ Model _____ H.P. _____

Water Heater – Type _____

Make _____

Model _____

Capacity _____gal.

Water Tank – Type _____

Make _____

Model _____

Capacity _____gal.

PIPE

	Size	Type
Build Drain	_____	_____
Soil	_____	_____
Main Vent	_____	_____
Waste	_____	_____
Other Vent	_____	_____
Cold Supply	_____	_____
Hot Supply	_____	_____

FIXTURES

	No. of
Bath Tub	_____
Shower	_____
Jacuzzi / Spa	_____
Toilet	_____
Sink	_____
Lavatory	_____
Wash Tub	_____
Urinal	_____
Bidet	_____

ADDITIONAL NOTES

_____

_____

_____

_____

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_____

All work covered by this application has been authorized by the OWNER or AUTHORIZED AGENT of this property and will be done according to State Regulations.

I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO CALL FOR THE REQUIRED INSPECTIONS.

_____ Approved:_____ _____

License Holder or Property Owner Building Official Date