

# 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 \_\_\_\_\_

<u>TYPE OF WORK BEING DONE</u>	
<input type="checkbox"/> Original Construction <input type="checkbox"/> Repair <input type="checkbox"/> Alteration <input type="checkbox"/> Demolition <input type="checkbox"/> Addition                              _____(Other)	_____ \$20.00 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 \_\_\_\_\_                      Water Tank – Type \_\_\_\_\_

Make \_\_\_\_\_    Make \_\_\_\_\_

Model \_\_\_\_\_    Model \_\_\_\_\_

Capacity \_\_\_\_\_ gal.    Capacity \_\_\_\_\_ gal.

<u>PIPE</u>	<u>FIXTURES</u>	<u>ADDITIONAL NOTES</u>
Size              Type	No. of	
Build Drain    _____    _____	Bath Tub                      _____	_____
Soil                      _____    _____	Shower                      _____	_____
Main Vent            _____    _____	Jacuzzi / Spa                      _____	_____
Waste                      _____    _____	Toilet                      _____	_____
Other Vent            _____    _____	Sink                      _____	_____
Cold Supply            _____    _____	Lavatory                      _____	_____
Hot Supply            _____    _____	Wash Tub                      _____	_____
	Urinal                      _____	_____
	Bidet                      _____	_____

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.

\_\_\_\_\_  
License Holder or Property Owner                      Approved: \_\_\_\_\_                      \_\_\_\_\_  
Building Official    Date