

PERMIT NO. _____
LICENSE NO. _____

APPLICATION FOR PLUMBING PERMIT

TOWN OF SOUTHBURY
CONNECTICUT

(Application must be typed or printed)

LOCATION OF JOB
ZONE _____
STREET _____ CARD NO. _____
MAP _____ BLOCK _____ LOT _____

OWNER
NO _____ STREET _____
TOWN OR CITY _____ STATE _____ ZIP _____

APPLICANT
NO _____ STREET _____
TOWN OR CITY _____ STATE _____ ZIP _____

PLUMBING CONTRACTOR
NO _____ STREET _____
TOWN OR CITY _____ STATE _____ ZIP _____

APPLIANCES

NO.	TYPE
_____	Dishwasher
_____	Garbage Disposal
_____	Clothes Washer

WATER HEATER		WATER TANK	
Type	_____	Type	_____
Make	_____	Make	_____
Model	_____	Model	_____
Capacity	_____ GAL	Capacity	_____ GAL
Test Pressure	_____ P.S.I.	Test Pressure	_____ P.S.I.
Working Press.	_____ P.S.I.	Working Press.	_____ P.S.I.
Temp. Relief	_____	Temp. Relief	_____
Press. Relief	_____ P.S.I.	Press. Relief	_____ P.S.I.

WATER SUPPLY
WELL, SPRING, PUBLIC, ASSOCIATION _____
If well, Type _____
Depth _____
Gal. Per Min. _____
Static Level _____

FEE SCHEDULE
FEE Estimated Cost

Building Official may demand affidavit of actual cost.

	COST	FEE
Estimated	_____	_____
Actual	_____	_____
Difference	_____	_____
Additional	_____	_____

DEPARTMENT DECISION
Application is hereby
 Approved Disapproved
DATE _____ INSPECTOR _____

THIS PERMIT EXPIRES ONE YEAR FROM DATE OF ISSUE

PIPE	SIZE	TYPE
Soil	_____	_____
Waste	_____	_____
Main Vent	_____	_____
Other Vent	_____	_____
Cold Supply	_____	_____
Hot Supply	_____	_____

REMARKS:

All work covered by this application has been authorized by the (owner) or (agent) of this property and will be done according to local code and regulations.
DATE _____ APPLICANT _____

TYPE OF BUILDING
 Residential Commercial
 OTHER _____

TYPE OF JOB
 Original Construction Repair
 Alteration Demolition
 Addition

FIXTURES

	NO.	STYLE
Bathtub	_____	_____
Shower	_____	_____
Toilet	_____	_____
Sink	_____	_____
Lavatory	_____	_____
Washub	_____	_____
Urinal	_____	_____
Bidet	_____	_____

INSPECTION
DATE _____ FINAL APPROVAL _____

TOILET ROOM VENTILATION
Window _____ SIZE _____ Fan _____ CU. F.M.

SANITATION PERMIT NO. _____
Septic Tank Size _____ GALS.
Leaching Field _____ SQ. FT.