

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	_____	_____
Make	_____	_____
Model	_____	_____
Capacity	_____ GAL	_____ GAL
Test Pressure	_____ P.S.I.	_____ P.S.I.
Working Press.	_____ P.S.I.	_____ P.S.I.
Temp. Relief	_____	_____
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	_____	_____	_____

**TYPE OF BUILDING**  
 Residential  Commercial  
 OTHER \_\_\_\_\_

**TYPE OF JOB**  
 Original Construction  Repair  
 Alteration  Demolition  
 Addition

**FIXTURES**

	NO.	STYLE
Bath tub	_____	_____
Shower	_____	_____
Toilet	_____	_____
Sink	_____	_____
Lavatory	_____	_____
Wash tub	_____	_____
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.

**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 \_\_\_\_\_