(Application must be typed or printed)

APPLICATION FOR PLUMBING PERMIT

TOWN OF COLEBROOK CONNECTICUT

PERMIT NO. _____   CONTRACTOR'S LICENSE NO. _____   CONTRACTOR'S TELEPHONE _____

LOCATION OF JOB

HOUSE NO. _____   STREET _____

HOMEOWNER TELEPHONE _____

OWNER

NAME _____

MAILING ADDRESS _____

TOWN OR CITY _____   STATE _____ ZIP _____

APPLICANT

NAME _____

MAILING ADDRESS _____

TOWN OR CITY _____   STATE _____ ZIP _____

PLUMBING CONTRACTOR

NAME _____

NO. _____ STREET _____

TOWN OR CITY _____   STATE _____ ZIP _____

FEE SCHEDULE

FEE   Estimated Cost
$10.00 for Each $1,000.00   Plus State Fee

Building Official may demand affidavit of actual cost.

LICENSE REQUIRED

ALL PERMITS MUST BE INSPECTED

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

DEPARTMENT DECISION

Application is hereby

☐ Approved   ☐ Disapproved

_____   _____
DATE   INSPECTOR

THIS PERMIT EXPIRES SIX MONTHS FROM DATE OF ISSUE

TYPE OF BUILDING

☐ Residential   ☐ Commercial

☐ _____ OTHER

TYPE OF JOB

☐ Original Construction   ☐ Repair
☐ Alteration   ☐ Demolition
☐ Addition

FIXTURES

	NO.
Bathtub	_____
Shower	_____
Toilet	_____
Sink	_____
Lavatory	_____
Washtub	_____
Urinal	_____
Biddet	_____

INSPECTION

_____   _____
DATE   FINAL APPROVAL

APPLIANCES

	NO.	MFG.
Dishwasher	_____	_____
Garbage Disposal	_____	_____
Clothes Washer	_____	_____
Generator	_____	_____

	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	_____

PIPE

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

TOILET ROOM VENTILATION

Window _____ SIZE   Fan _____ CU. P.M.

SANITATION PERMIT NO. _____

Septic Tank Size _____ GALS.

Leaching Field _____ SQ. FT.

Remarks: _____
_____
_____
_____
_____
_____

CBYD# _____

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