(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

$15.00 PER $1000.00
STATE FEE INCLUDED

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