

APPLICATION FOR PLUMBING PERMIT

This form is used for plumbing for new work and changes to existing systems.

APPLICATION FOR PLUMBING PERMIT

TOWN OF NEWINGTON, 131 CEDAR STREET, NEWINGTON, CT 06111

TEL: (860) 665-8580 FAX: (860) 665-8577 - BUILDING DEPARTMENT

APPLICATION MUST BE FILLED OUT COMPLETELY IN INK

JOB LOCATION: _____

CONTRACTOR'S NAME: _____ TELEPHONE NO. _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ STATE LIC. NO: _____

(HOME)OWNER NAME _____ TELEPHONE NO. _____

(HOME) OWNER ADDRESS _____

DESCRIPTION OF WORK TO BE PERFORMED: _____

TOTAL VALUE OF WORK TO BE PERFORMED: \$ _____

TYPE OF BUILDING: RESIDENTIAL _____ COMMERCIAL _____ OTHER _____

TYPE OF JOB: ORIGINAL CONSTRUCTION _____ ALTERATION _____ OTHER _____

ALL WORK COVERED BY THIS APPLICATION HAS BEEN AUTHORIZED BY THE (OWNER) OR (AGENT) OF THIS PROPERTY AND WILL BE DONE ACCORDING TO STATE CODES AND REGULATIONS. **NO WORK SHALL BE STARTED UNTIL THE BUILDING DEPARTMENT HAS RECEIVED THIS APPLICATION AND HAS ISSUED A BUILDING PERMIT. ALL PERMITS APPROVED SUBJECT TO FIELD INSPECTION.**

SIGNED: _____
(APPLICANT) (DATE) (TELEPHONE NO.)

PLEASE PRINT NAME: _____

PERMIT FEE \$ _____

REC'D BY: _____

TOTAL PAID \$ _____

DATE: _____

APPROVED BY: _____

DATE: _____

PERMIT NO: _____