

**APPLICATION FOR PLUMBING PERMIT (GOLDENROD)**

1. Used for any plumbing work being performed in single family homes, commercial and industrial buildings, new office areas, etc.

## APPLICATION FOR PLUMBING PERMIT

**TOWN OF NEWINGTON, 200 GARFIELD 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.)

(DATE)

(TELEPHONE NO.)

PLEASE PRINT NAME: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**TOTAL PAID \$**

REC'D BY:

TOTAL PAID \$ \_\_\_\_\_

DATE: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

PERMIT NO: \_\_\_\_\_

**NOTE: CALL BUILDING DEPARTMENT FOR REQUIRED INSPECTIONS.**

**24 HOUR NOTICE IS REQUIRED (860-665-8580)**