

# DEPARTMENT DECISION

APPLICATION IS HEREBY:

APPROVED

DISAPPROVED

DATE \_\_\_\_\_

CHIEF INSPECTOR \_\_\_\_\_

Applicant's \_\_\_\_\_  
LICENSE # \_\_\_\_\_  
License Type \_\_\_\_\_  
Exp. date of \_\_\_\_\_  
License \_\_\_\_\_

Applicant's phone # \_\_\_\_\_

# Application for Plumbing Permit

TOWN OF  
SUFFIELD, CONN.

PERMIT NO. \_\_\_\_\_

APPLICATIONS MUST BE PRINTED OR TYPED. BEGIN WITH NUMBER ONE BELOW

## 1. LOCATION OF JOB

NO. \_\_\_\_\_

STREET \_\_\_\_\_

FLOOR \_\_\_\_\_

Lot # \_\_\_\_\_

APT. NO. \_\_\_\_\_

## 2. OWNER \_\_\_\_\_

## 3. ADDRESS \_\_\_\_\_

ZIP CODE \_\_\_\_\_

## 4. APPLICANT \_\_\_\_\_

## 5. ADDRESS \_\_\_\_\_

ZIP CODE \_\_\_\_\_

## 6. ESTIMATED COST \$ \_\_\_\_\_

## 7. IS THIS A CONTRACT COST? YES NO

## 8. FEE ENCLOSED \$ \_\_\_\_\_

## 9. TYPE OF BUILDING:

RESIDENTIAL

COMMERCIAL

## 10. TYPE OF JOB:

ORIGINAL INSTALLATION

ALTERATION  
ADDITION  
REPAIR

ACTUAL COST \$ \_\_\_\_\_ FEE \$ \_\_\_\_\_

ESTIMATED COST \$ \_\_\_\_\_ FEE \$ \_\_\_\_\_

FILE COMP. BY \_\_\_\_\_ BALANCE \$ \_\_\_\_\_

# APPLICATION FOR PLUMBING PERMIT (Continued from Reverse Side)

11. LOCATION OF JOB \_\_\_\_\_  
NO. \_\_\_\_\_ STREET \_\_\_\_\_ FLOOR \_\_\_\_\_ APT. NO. \_\_\_\_\_

## GENERAL PLUMBING

12. KIND OF INSTALLATION \_\_\_\_\_ 13. SIZE OF MAIN DRAIN \_\_\_\_\_

14. NO. OF TOILETS \_\_\_\_\_ STYLE \_\_\_\_\_ 15. NO. OF URINALS \_\_\_\_\_ STYLE \_\_\_\_\_

16. NO. OF BATHTUBS \_\_\_\_\_ 17. NO. OF LAVATORIES \_\_\_\_\_ 18. NO. OF SINKS \_\_\_\_\_ 19. NO. OF WASHTUBS \_\_\_\_\_

20. NO. OF CONDUCTORS \_\_\_\_\_ SIZE \_\_\_\_\_ 21. NO. OF STACKS \_\_\_\_\_ SIZE \_\_\_\_\_

22. AREA OF ROOF \_\_\_\_\_ 23. NO. OF CATCH BASINS \_\_\_\_\_ 24. NO. OF FLOOR DRAINS \_\_\_\_\_

25. NO. OF OTHER FIXTURES \_\_\_\_\_ KIND \_\_\_\_\_

26. ARE TOILET COMPARTMENTS VENTILATED TO OUTER AIR BY A WINDOW? \_\_\_\_\_ 27. SIZE OF WINDOW \_\_\_\_\_

28. IF NO WINDOW, WHAT KIND OF VENTILATION IS THERE? \_\_\_\_\_

29. SIZE OF DUCTS \_\_\_\_\_ 30. ARE SEWAGE AND WATER FACILITIES AVAILABLE? \_\_\_\_\_

31. NAMES OF SUBCONTRACTORS AND THEIR TRADES \_\_\_\_\_

32. REMARKS AND FURTHER DETAILS: \_\_\_\_\_

## WATER HEATER

33. TYPE \_\_\_\_\_ 34. MANUFACTURER \_\_\_\_\_

### TANK

35. CAPACITY \_\_\_\_\_

36. TEST PRESSURE \_\_\_\_\_ LBS.

37. WORKING PRESSURE \_\_\_\_\_ LBS.

38. TYPE \_\_\_\_\_

### SAFETY DEVICES

39. TEMPERATURE RELIEF VALVE \_\_\_\_\_

40. MANUFACTURER \_\_\_\_\_

41. PRESSURE RELIEF VALVE \_\_\_\_\_

42. MANUFACTURER \_\_\_\_\_

*IMPORTANT: After completing items above, sign below, and make check payable to Town of Suffield covering proper amount of fee.*

*All work covered by this application has been authorized by the (owner) or (agent) of this property and will be done in strict accordance with the Building Code.*

.....  
SIGNATURE OF APPLICANT

.....  
DATE