

Applicant to complete numbered spaces only.

APPLICATION NO. _____

APPLICATION FOR PLUMBING PERMIT

**TOWN OF WINDHAM
CONNECTICUT**

1. REGISTRATION NO. _____

2. LOCATION OF JOB (NO. & STREET)	MAP	BLOCK	LOT
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3. OWNER	4. TEL.	5. ADDRESS (NO., STREET, TOWN, STATE, ZIP)
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6. APPLICANT	7. TEL.	8. ADDRESS (NO., STREET, TOWN, STATE, ZIP)
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9. CONTRACTOR	10. TEL.	11. ADDRESS (NO., STREET, TOWN, STATE, ZIP)
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12. DESCRIPTION OF PROPOSED WORK:	13. VALUATION OF WORK: (Labor and materials)
	\$ _____

	COST OF PERMIT
	FEE (ITEM 13.) _____
	CC _____
	SURCHARGE _____
	LATE FILING _____
	TOTAL FEE _____

ALL PERMITS MUST BE POSTED AND VISIBLE FROM THE STREET

16.	WATER HEATER	WATER TANK	17.	PIPE	18.	FIXTURES		
				SIZE TYPE INSPECTED		NO. STYLE		
TYPE	_____	_____	BUILD DRAIN	_____	_____	BATHTUB	_____	_____
MAKE	_____	_____	SOIL	_____	_____	SHOWER	_____	_____
MODEL	_____	_____	MAIN VENT	_____	_____	TOILET	_____	_____
CAPACITY	_____ gal.	_____ gal.	WASTE	_____	_____	SINK	_____	_____
TEST PRESSURE	_____ p.s.i.	_____ p.s.i.	OTHER VENT	_____	_____	LAVATORY	_____	_____
WORKING PRESSURE	_____ p.s.i.	_____ p.s.i.	COLD SUPPLY	_____	_____	WASHTUB	_____	_____
TEMP. RELIEF	_____	_____	HOT SUPPLY	_____	_____	URINAL	_____	_____
PRESSURE RELIEF	_____ p.s.i.	_____ p.s.i.				BIDDET	_____	_____

IT IS A RECOMMENDED SOUND BUSINESS PRACTICE TO REQUIRE THAT ALL WORK PASS FINAL INSPECTION BEFORE PAYING THE CONTRACTOR IN FULL.

THIS APPLICATION IS NOT A VALID PERMIT AND WORK SHALL NOT BEGIN UNTIL IT IS SIGNED & DATED BY THE PROPER TOWN OFFICIAL.

19. All work covered by this application has been authorized by the (owner) or (agent) of this property and will be done according to state regulations. This permit shall lapse if work does not commence within 6 months.

APPROVED

DISAPPROVED

_____ Date

_____ Applicants Signature

_____ Date

_____ Building Official