## TOWN OF TOLLAND PLUMBING PERMIT APPLICATION

PERMIT #		DATE OF SUBMISSION		
LOCATION OF NEW JOB (# & Stre	eet)			
OWNER:		ADDRESS:		
CONTRACTOR:		ADDRESS:		
OWNER'S EMAIL ADDRESS:		CONTRACTOR'S EMAIL ADDRESS:		
License # & Type	Tel. # Owner		Tel. # Contractor	
TYPE OF WORK BEING DONE	CONSTRUCTION COS	ST: \$		
Original Construction Repair	<b>BUILDING</b> (\$30 FOR 1 <sup>ST</sup> \$1000 & \$15 EA	. ADD'L \$1000)	FEE: \$	
AlterationDemolition	FIRE MARSHAL			
Addition (Other)	TOTAL FEE: \$			
	\$10.00 Filing Fee under Building Permit #  Credit Card			
PIPE BA'		THROOMS	WATER SUPPLY	
Size T  Build Drain  Main Vent  Cold Supply	Type         Full            Half          Kitchen	No.	Well  WATER HEATER  Type Half	Public
Hot Supply			Capacity	
All work covered by this application I authorized by the owner to make this  I UNDERSTAND THAT IT IS MY	application per C.G.S. 20-3	38b	ne owner, applicant hereby certifies that the course owner, applicant hereby certifies that the course of the cour	ney are
License Holder, Property Owner, Agent (Appli	cant)	Approved:  Permit Issue Dat	Building Official	Date

Please Print