

# TOWN OF TOLLAND PLUMBING PERMIT APPLICATION

PERMIT # \_\_\_\_\_

DATE OF SUBMISSION \_\_\_\_\_

LOCATION OF NEW JOB (# & Street) \_\_\_\_\_

OWNER: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

OWNER'S EMAIL ADDRESS: \_\_\_\_\_ CONTRACTOR'S EMAIL ADDRESS: \_\_\_\_\_

License # & Type \_\_\_\_\_ Tel. # Owner \_\_\_\_\_ Tel. # Contractor \_\_\_\_\_

**TYPE OF WORK BEING DONE**

- \_\_\_\_\_ Original Construction
- \_\_\_\_\_ Repair
- \_\_\_\_\_ Alteration
- \_\_\_\_\_ Demolition
- \_\_\_\_\_ Addition
- \_\_\_\_\_ (Other)

**CONSTRUCTION COST: \$** \_\_\_\_\_

**BUILDING**..... FEE: \$ \_\_\_\_\_  
 (\$30 FOR 1<sup>ST</sup> \$1000 & \$15 EA. ADD'L \$1000)

**FIRE MARSHAL**..... FEE: \$ \_\_\_\_\_  
 (\$15 FOR 1<sup>ST</sup> \$1000 & \$7 EA. ADD'L \$1000)

**TOTAL FEE: \$** \_\_\_\_\_

\_\_\_\_\_ \$10.00 Filing Fee under Building Permit # \_\_\_\_\_

Credit Card     Cash     Check # \_\_\_\_\_    Rec'd by \_\_\_\_\_

Explanation of work to be completed:

<u>PIPE</u>	<u>BATHROOMS</u>	<u>WATER SUPPLY</u>	
Size                      Type	No.	_____ Well                      _____ Public	
Build Drain    _____                      _____	Full                      _____	<u>WATER HEATER</u>	
Main Vent      _____                      _____	Half                      _____		Type                      _____
Cold Supply    _____                      _____	Kitchen                      _____		Half                      _____
Hot Supply     _____                      _____			Capacity                      _____ gal.

All work covered by this application has been authorized by the owner. If other than the owner, applicant hereby certifies that they are authorized by the owner to make this application per C.G.S. 20-338b

**I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO CALL FOR THE REQUIRED INSPECTIONS.**

\_\_\_\_\_  
 License Holder, Property Owner, Agent (Applicant)                      Approved: \_\_\_\_\_                      Building Official                      \_\_\_\_\_                      Date

\_\_\_\_\_  
 Please Print                      Permit Issue Date: \_\_\_\_\_