

APPLICATION FOR PLUMBING PERMIT
BUILDING DEPARTMENT – CITY OF DERBY, CT
PERMIT MUST BE OBTAINED BEFORE STARTING WORK

Job Location _____ (Lot # _____) Date _____

Name of Owner _____ Address _____

Owner Phone # _____

Nature of Work: New _____ Repair _____ Alteration _____ Addition _____

Piping Material: Drain _____ Waste _____ Vent _____ Water _____

Remarks:

FIXTURES Sewer Ejector

Location	B	1 st	2 nd	3 rd	Location	B	1 st	2 nd	3 rd
Water Closets					Washer				
Lavatories					Sinks				
Bath Tubs					Urinals				
Stall Showers					Whirlpool				

All work done shall comply with the requirements of the Connecticut State Building Code and Standards set forth therein. No work will commence until a permit has been issued.

LOCATION OF OLD OIL TANK :

Master Plumber (Print) _____ State License # _____

Firm Name or Trade Style _____ Telephone # _____

Address _____

Email _____

Signature _____ ESTIMATED COST OF JOB \$ _____

Fees:		
Permit Fee \$ _____	◇Cash	Permit # _____
State Fee \$ _____	◇Check	Permit Date _____
	◇Credit	Receipt # _____