

PLUMBING PERMIT

TOWN OF POMFRET

DATE \_\_\_\_\_

LICENSE NUMBER \_\_\_\_\_ PERMIT NUMBER \_\_\_\_\_

BUILDING PERMIT NUMBER \_\_\_\_\_

LOCATION \_\_\_\_\_

OWNER \_\_\_\_\_

KIND OF BUILDING \_\_\_\_\_ USED AS \_\_\_\_\_

TO BE COMPLETED ABOUT \_\_\_\_\_ ESTIMATED COST \$ \_\_\_\_\_

NEW ☐ ALTERATION ☐ REPAIR ☐ OTHER ☐

TYPE	NUMBER	FEE	REMARKS:
STACKS _____			
SINKS _____			
BATHS _____			
WATER CLOSET _____			
LAVATORY _____			
TANK AND HEATER _____			
LAUNDRY TRAY _____			
WATER DISTRIBUTION SYSTEMS _____			
FLOOR DRAINS _____			
SEWAGE EJECTOR _____			
FOUNTAIN (DRINKING) _____			
SUMP _____			
SHOWERS _____			
URINAL _____			
CATCH BASIN _____			
DISHWASHING MACHINE _____			
HUMIDIFIER _____			
GARBAGE GRINDER _____			
WASHING MACHINE _____			
SPECIAL WASTES _____			
RAINWATER LEADERS _____			
SWIMMING POOL _____			
TOTAL FEE			

CONTRACTOR'S NAME AND ADDRESS \_\_\_\_\_

CITY _____	STATE _____	ZIP CODE _____
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Ready for inspection on \_\_\_\_\_ or will contact inspector later \_\_\_\_\_  
(date)

APPLICANT CERTIFIES THAT ALL INFORMATION GIVEN IS CORRECT AND THAT ALL PERTINENT ORDINANCES WILL BE COMPLIED WITH IN PERFORMING THE WORK FOR WHICH THIS PERMIT IS ISSUED. THIS PERMIT EXPIRES ONE YEAR FROM DATE OF ISSUE.

Signature of Contractor or his  
Representative Making Application

Signature of Building Official