

PERMIT NUMBER

APPLICATION MUST BE FILLED OUT IN INK

APPLICATION FOR A PLUMBING PERMIT

Town of Lisbon Building Dept., 1 Newent Road, Lisbon, CT 06351

Telephone: (860-376-8291 Fax: (860-376-6545)

COMMERCIAL

RESIDENTIAL

JOB LOCATION

DATE

OWNER'S NAME

TEL. NO.

OWNER'S ADDRESS

CONTRACTOR'S NAME

TEL. NO.

CONTRACTOR'S ADDRESS

CITY

STATE

ZIP CODE

LICENSE TYPE

LICENSE NUMBER

DESCRIPTION OF WORK TO BE PERFORMED

TYPE OF WORK:

ORIGINAL

ALTERATION

ADDITION

REPAIR

DEMOLITION

WATER SUPPLY MATERIAL

DRAIN, WASTE & VENT MATERIAL

WATER SUPPLY:

WELL

PUBLIC

NUMBER OF FIXTURES:

BATHTUB

TOILET

SINK

LAVATORY

SHOWER

URINAL

BIDET

DISHWASHER

WATER HEATER:

TYPE

MAKE

CAPACITY

(GALLONS)

WATER TANK:

TYPE

MAKE

CAPACITY

(GALLONS)

WATER DESTINATION:

SEPTIC SYSTEM

PUBLIC SEWER

ALL WORK COVERED UNDER THIS PERMIT HAS BEEN AUTHORIZED BY THE OWNER OR AGENT OF THIS PROPERTY AND WILL BE DONE IN ACCORDANCE WITH THE CURRENT ADOPTED PLUMBING CODE AS AMENDED BY THE STATE OF CONNECTICUT. NO WORK SHALL COMMENCE UNTIL THIS APPLICATION IS FILED WITH THE BUILDING DEPARTMENT AND A PERMIT IS ISSUED.

APPLICANTS SIGNATURE

DATE

PLEASE PRINT NAME

ESTIMATED VALUE OF WORK

PERMIT FEE

EDUCATION FEE

TOTAL FEE

APPROVED BY

BUILDING OFFICIAL

PERMIT APPLICATIONS MUST BE COMPLETED AND RETURNED TO BUILDING DEPARTMENT PRIOR TO REQUEST FOR INSPECTION.