



The City of Waterbury
DEPARTMENT OF INSPECTION
 26 Kendrick Ave
 Waterbury, CT 06702
 (203) 574-6856

PERMIT NUMBER:

Application for Plumbing Permit

Date: _____

PLEASE PRINT LEGIBLY

Applicant:
 Name: _____
 Address: _____
 City/State/Zip: _____

LOCATION OF WORK:

Owner:
 Name: _____
 Address: _____
 City/State/Zip: _____

License Number: _____
 Phone Number: _____
 Owner's Phone: _____

Building Type:
 Commercial
 Industrial
 Residential
 # of Families? _____

Job Type:
 Remodel
 Addition
 Repairs Only
 New Home
 Other _____

Interceptors/Separators Required:
 Oil Sand
 Grease Other _____

List Number of Proposed Fixtures:

_____ Water Closets	_____ Service Sinks
_____ Lavatories	_____ Drinking Fountain
_____ Bath Tubs	_____ Floor Drains
_____ Shower Stalls	_____ Gas Piping
_____ Washing Machines	_____ Other
_____ Urinals	_____ Water Heaters
_____ Kitchen Sinks	_____ Gas
_____ Dish Washers	_____ Oil
_____ Bidets	_____ Electric

ESTIMATED COST: \$ _____

***The Inspector must be notified when the plumbing installation is complete and ready for inspection.
 All plumbing installations must be tested in his presence.***

***I hereby certify that the proposed work is authorized by the owner of record and that I have
 been authorized by the owner to make this application as an authorized agent
 and we agree to conform to all applicable laws of this jurisdiction.***

PRINT NAME: _____ **SIGNATURE:** _____

Do not write below this line - For Office use Only

Permit Fee: \$ _____
 State Ed Fee: \$ _____
 Penalty Fee: \$ _____
TOTAL \$ _____

Building Permit Required? YES NO
 Permit#: _____
 Issued by: _____
 Plumbing Inspector

