



Building Department

TOWN OF BETHANY

(203) 393-2100 x 116

(203) 393-2100 x 117

Application for Plumbing Permit

Permit No. _____

Job Location _____ Date _____

Owner _____ Address _____

Owner(s) Phone _____

- Kind of Building
- | | | |
|--|--|---|
| <input type="checkbox"/> New - Residential | <input type="checkbox"/> Rehab - Residential | <input type="checkbox"/> Addition - Residential |
| <input type="checkbox"/> New - Non-residential | <input type="checkbox"/> Rehab - Non-residential | <input type="checkbox"/> Addition - Non-residential |

Number of Families _____

Description of work to be done _____

Piping Material: Drain _____ Waste _____ Vent _____ Water _____

Septic Tank _____ Sewer _____ Well _____

Ejector System _____ Solar _____

Mfg. of Pressure Balance Valve _____

| Fixtures and Appliances | | | | | | | | | |
|-------------------------|------|-----|-----|-----|----------------|------|-----|-----|-----|
| Location | B'mt | 1st | 2nd | 3rd | Location | B'mt | 1st | 2nd | 3rd |
| Sink | | | | | Urinal | | | | |
| Bathtub | | | | | Dishwasher | | | | |
| Shower | | | | | Clothes Washer | | | | |
| Toilet | | | | | Disposal | | | | |
| Lavatory | | | | | Water Heater | | | | |
| Wash Tub | | | | | | | | | |

Phone # _____

Plumbing Contractor _____ Cell # _____

Address _____ License # _____ Type _____

Cost of Work _____ Permit Fee _____

Approved: _____

Signature of Plumbing Contractor

Signature of Inspector

Remarks: _____

Note: On request of the issuing authority the applicant shall furnish plans and design information on all systems to be installed under this permit. All work shall comply with the Connecticut State Building Code.