



Building Department

TOWN OF BETHANY

(203) 393-2100 x1116

(203) 393-2100 x1117

Application for Plumbing Permit

Permit No. _____

Job Location _____ Date _____

Owner _____ Address _____

Owner(s) Phone _____

Kind of Building New - Residential Rehab - Residential Addition - Residential
 New - Non-residential Rehab - Non-residential 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 _____

Signature of Plumbing Contractor _____ Approved: _____ 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.