# Application for Plumbing Permit

## Town of South Windsor Building Department

1540 Sullivan Avenue, South Windsor, CT 06074 (Phone) 860-644-2511 Ext. 230

**Location of Work:**

**Applicant:**

- **Name:**
- **Phone Number:**
- **Address:**

**Owner:**

- **Name:**
- **Phone Number:**
- **Address:**

**Type of Structure:**

- ☐ New Building
- ☐ Addition
- ☐ Existing Building

**Type of Use:**

- ☐ Residential
- ☐ Commercial

## Plumbing Information:

- **Type of Installation:**
- **No. of Toilets:**
- **Style:**
- **No. of Bathtubs:**
- **No. of Showers:**
- **No. of Lavatories:**
- **No. of Catch Basins:**
- **No. of Floor Drains:**

**Are Toilet Compartments Ventilated to Outer Air by Window?**

- ☐ Yes
- ☐ No

**Size of Window:**

**Size of Ducts:**

**Sewer or Septic Tank:**

**Size of Water Piping and Riser:**

**Water Heater:**

**Type:**

**Manufacturer:**

## Further Description of Work:

**Estimated Cost:** $__________

**Fee Enclosed:** $__________

**Fee Schedule:** $18 per $1,000 of the Estimated Cost. Round up to the next thousand once the project is $1,000 over. (25 cent educational fee included as part of the permit fee)

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**The Undersigned hereby applies for a permit to perform the work described and is to comply with all local ordinances and state of Connecticut building codes in the performance of such work.**

**Contractor's License No.:**

**Type:**

**State:**

**Signature of Applicant:**

**Date:**