

PERMIT NO. _____
 LICENSE NO. _____

APPLICATION FOR PLUMBING PERMIT

(Application must be typed or printed)

**TOWN OF CHESTER
 CONNECTICUT**

| LOCATION OF JOB (NO. & STREET) | MAP | BLOCK | LOT | | | | | | | | | | | | |
|--|--|---|---|-----|-------------|-------|-------|------------------|-------|-------|----------------|-------|-------|--|--|
| OWNER | ADDRESS (NO. STREET, TOWN, STATE, ZIP) | | PHONE | | | | | | | | | | | | |
| PLUMBING CONTRACTOR | ADDRESS (NO. STREET, TOWN, STATE, ZIP) | | PHONE | | | | | | | | | | | | |
| REMARKS | | | Fee to \$1,000 = \$15.00 \$10.00 each add. \$1,000 or part of STATE ED Fee: \$.22 per \$1,000 or part of | | | | | | | | | | | | |
| APPLICANT | | | | | | | | | | | | | | | |
| ADDRESS (NO. STREET) | | | | | | | | | | | | | | | |
| TOWN, STATE, ZIP | | | | | | | | | | | | | | | |
| APPLIANCES <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;"></th> <th style="width:10%;">NO.</th> <th style="width:10%;">MFR</th> </tr> </thead> <tbody> <tr> <td>DISH WASHER</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>GARBAGE DISPOSAL</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>CLOTHES WASHER</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> | | | NO. | MFR | DISH WASHER | _____ | _____ | GARBAGE DISPOSAL | _____ | _____ | CLOTHES WASHER | _____ | _____ | TYPE OF WORK BEING DONE <input type="checkbox"/> ORIG CONSTRUCTION <input type="checkbox"/> REPAIR <input type="checkbox"/> ALTERATION <input type="checkbox"/> DEMOLITION <input type="checkbox"/> ADDITION | |
| | NO. | MFR | | | | | | | | | | | | | |
| DISH WASHER | _____ | _____ | | | | | | | | | | | | | |
| GARBAGE DISPOSAL | _____ | _____ | | | | | | | | | | | | | |
| CLOTHES WASHER | _____ | _____ | | | | | | | | | | | | | |
| | | CLASSIFICATION USE GROUP _____ CONSTRUCTION TYPE _____ SPECIFIC USE _____ | | | | | | | | | | | | | |
| | | ESTIMATED | COST | | | | | | | | | | | | |
| | | ACTUAL | FEE | | | | | | | | | | | | |
| | | DIFFERENCE | | | | | | | | | | | | | |
| | | ADDITIONAL | | | | | | | | | | | | | |

All Permits Must Be Posted And Visible From The Street

LICENSE # _____

WATER SUPPLY

PUMP CONTRACTOR _____ STREET _____ TOWN _____ STATE _____

WELL SPRING PUBLIC ASSOCIATION IF WELL, TYPE _____ DEPTH _____ STATIC LEVEL _____

_____ GAL. PER MIN AT _____ FT. _____ GAL PER MIN AT _____ FT. _____ GAL PER MIN AT _____ FT.

PUMP MANUFACTURER _____ MODEL _____ H.P. _____ GPM _____ DEPTH SET _____

ELECTRICAL WORK DONE BY _____ TOWN _____ STATE _____

| | WATER HEATER | | WATER TANK | | PIPE | | | FIXTURES | | | | | |
|--|--------------|-------|------------|----------|---------------|------------------|-------------|-----------------|-------|-------|-----------|-------|-------|
| | TYPE | MAKE | MODEL | CAPACITY | TEST PRESSURE | WORKING PRESSURE | TEMP RELIEF | PRESSURE RELIEF | SIZE | TYPE | INSPECTED | NO | STYLE |
| | _____ | _____ | _____ | gal | psi | psi | _____ | psi | _____ | _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | gal | psi | psi | _____ | psi | _____ | _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |

All work covered by this application has been authorized by the (owner) or (agent) of this property and will be done according to state regulations. This permit shall lapse if work does not commence within 6 months

APPROVED DISAPPROVED

_____ Date _____ Applicants Signature _____ Date _____ Building Official