



# City of Torrington PLUMBING PERMIT APPLICATION

Tracking # \_\_\_\_\_

Application Date \_\_\_\_\_

<p style="text-align: center;"><b>OWNER INFORMATION</b></p> <p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>_____</p>	<p style="text-align: center;"><b>PLUMBER INFORMATION</b></p> <p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Lic. No.: _____</p> <p>Type: _____</p>
<p style="text-align: center;"><b>APPLICANT INFORMATION</b></p> <p>Name _____</p> <p>address _____</p> <p>_____</p>	<p style="text-align: center;"><b>JOB DESCRIPTION</b></p> <p><input type="checkbox"/> New Plumbing                      <input type="checkbox"/> Relocated Plumbing</p> <p><input type="checkbox"/> Public Sewer                        <input type="checkbox"/> Subsurface System</p> <p><input type="checkbox"/> Piping Relocation                <input type="checkbox"/> Replacement</p>

**Details**

SITE INFORMATION		
<b>Location:</b>	Map/block/Lot	Assessor ID
Building Type:	Project Type	
Tenant Name:	Tenant Address:	

FIXTURES		
Stacks: _____	Fountain: _____	Rainwater Leader: _____
Sinks: _____	Sump: _____	Misc. Fixtures: _____
Baths: _____	Showers: _____	Hosebib / Sillcock: _____
Water Closets: _____	Urinal: _____	Indirect Waste: _____
Lavatories: _____	Catch Basin: _____	Water Treatment: _____
Tank and Heater: _____	Dishwashing Mach.: _____	Grease/Oil Sep.: _____
Laundry Tray: _____	Humidifier: _____	Dental Cuspidor: _____
Water Dist System: _____	Garbage Grinder: _____	Bidet: _____
Floor Drains: _____	Washing Machine: _____	Wash Basin: _____
Sewage Ejector: _____	Special Wastes: _____	Water Heater: _____

**THE FOLLOWING CONDITIONS ARE A PART OF THIS PERMIT:**

I HEREBY CERTIFY THAT I AM THE OWNER OR THE OWNER OF RECORD HAS APPOINTED ME AS THE AUTHORIZED AGENT TO APPLY FOR THIS PERMIT. I AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THIS JURISDICTION AND THE CT STATE BUILDING CODE. I will require Workers Compensation for all people associated with this project. I will call for all required inspections and will provide in writing, all necessary signoffs

_____	_____	_____
Print Name	Signature of Contractor or Authorized Agent	Date

Estimated Cost:	Fees	Approved By
Permit Fee _____	State Fee _____	(Fee Schedule is available on the City web site)