



City of Torrington PLUMBING PERMIT APPLICATION

Tracking # _____

Application Date _____

OWNER INFORMATION		PLUMBER INFORMATION	
Name: _____	_____	Name: _____	_____
Address: _____	_____	Address: _____	_____
_____	_____	_____	_____
_____	_____	Lic. No.: _____	_____
_____	_____	Type: _____	_____
APPLICANT INFORMATION		JOB DESCRIPTION	
Name _____	_____	<input type="checkbox"/> New Plumbing	<input type="checkbox"/> Relocated Plumbing
address _____	_____	<input type="checkbox"/> Public Sewer	<input type="checkbox"/> Subsurface System
Phone: _____	_____	<input type="checkbox"/> Piping Relocation	<input type="checkbox"/> Replacement

Details

SITE INFORMATION		
Location: _____	Map/block/Lot _____	Assessor ID _____
Building Type: _____	Project Type _____	
Floor - unit - or appt# _____	_____	

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 _____
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Permit Fee _____

State Fee _____