

Building Permit No. _____

Date of Application: _____

Application for Plumbing Permit

Town of East Lyme Building Department, 108 Pennsylvania Avenue, Niantic, CT 06357
Telephone: (860) 691-4114 Fax: (860) 691-0351

Application must be filled out completely in ink

RESIDENTIAL COMMERCIAL INDUSTRIAL OTHER

Job Location _____

Property Owner's Name _____

Property Owner's Address _____

Contractor's Name _____ TEL No. _____ ST LICENSE No. _____

Contractor's Address _____ City: _____ ST _____ ZIP _____

Description of work to be performed _____

Water Supply: Well: _____ Public Water: _____

Waste Destination: Private Septic _____ Public Sewer: _____

CERTIFICATION: I HEREBY CERTIFY THAT: I AM THE OWNER OF RECORD OF THE NAMED PROPERTY OR THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD AND/OR I HAVE BEEN AUTHORIZED TO MAKE THIS APPLICATION AS AN AUTHORIZED AGENT, AND WE AGREE TO CONFORM TO ALL APPLICABLE LAWS, REGULATIONS AND ORDINANCES. ALL INFORMATION CONTAINED WITHIN IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Applicant must call for inspection AFTER permit is issued

Applicant Signature: _____ Date: _____

Applicant Address: _____

Please Print Name _____ Tel. No. _____

If not prepaid as indicated by Building Permit number above, please provide an:

Estimated Value of Work: \$ _____

Permit Fee \$ _____

State Education Fee \$ _____

Total Due: _____

Approved By: _____ Date: _____

(building official)