

Town of Newtown Building Department

Application for Plumbing Permit

Please Fill Out Completely

Address of Jobsite

Email Address:

Owner (First and Last Name)

Address

Phone Number

Town/City:

State

Zip

Contractor Company Name

Print Name of License Holder

Address

Phone Number

Town/City

State

Zip

Class

License Number

Expiration Date

Type of Work (Circle One)

New Construction

Addition

Renovations

Basement

Other

How many bathrooms?

Total number of fixtures?

Total drainage fixture units?

Main water pipe size

Branch water pipe size

Type of pipe for drainage and venting?

Is there a whirlpool bath being installed? Yes or No

Type of pipe for domestic water system?

Is a sewage ejector pump being installed? Yes or No

How will the ejector pump be alarmed?

How will the sewage ejector pump be vented?

Are any air admittance valves being used? Yes or No

Town sewers or septic system

Well water or town water

Description of Work

Est. Cost

Signature

Date

For Office Use Only

Receipt Number

Permit Number

Date Issued

Map

Block

Lot No.