

# PLUMBING PERMIT



**TOWN OF STRATFORD**  
 2725 Main Street  
 Stratford, CT 06615

Phone: (203) 385-4010  
 Fax: (203) 381-2053

Office Hours: 8:30 – 10:00 a.m.  
 1:00 – 2:00 p.m.

Permit # \_\_\_\_\_

Building Permit # \_\_\_\_\_

Permit fee \_\_\_\_\_

State Education fee \_\_\_\_\_

Total \_\_\_\_\_

Receipt # \_\_\_\_\_ Check # \_\_\_\_\_

Job Location \_\_\_\_\_ Date \_\_\_\_\_

Owner \_\_\_\_\_ Address \_\_\_\_\_

Owner (s) Phone # : \_\_\_\_\_

Kind of Building     New – Residential     Rehab – Residential     Addition – Residential  
                                   New – Non-residential     Rehab – Non-residential     Addition – Non-residential

Number of Families \_\_\_\_\_

Description of work to be done:

\_\_\_\_\_

Piping Material: Drain \_\_\_\_\_ Waste \_\_\_\_\_ Vent \_\_\_\_\_ Water \_\_\_\_\_

Septic Tank \_\_\_\_\_ Sewer \_\_\_\_\_ Well \_\_\_\_\_

Ejector System \_\_\_\_\_ Solar \_\_\_\_\_

Mfg. Of Pressure Balance Valve \_\_\_\_\_

Oil tank location \_\_\_\_\_ Size \_\_\_\_\_ Fill pipe \_\_\_\_\_ Vent \_\_\_\_\_

### Fixtures and Appliances

Location	B'mt	1st	2nd	3rd	Location	B'mt	1st	2nd	3rd
Sink					Urinal				
Bathtub					Dishwasher				
Shower					Clothes Washer				
Toilet					Disposal				
Lavatory					Water Heater				
Wash Tub									

Plumbing Contractor \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_ Cell #: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ License # \_\_\_\_\_ Type \_\_\_\_\_

Cost of Work \_\_\_\_\_

Signature of Plumbing Contractor \_\_\_\_\_ Approved: \_\_\_\_\_ Signature of Inspector \_\_\_\_\_

Remarks: \_\_\_\_\_

Note: On request of the issuing authority, the applicant shall furnish plans and design information on all systems to be installed under this permit. All work shall comply with the Connecticut State Building Code.