



Town of Clinton  
Connecticut

NOTIFY  
BUILDING DEPARTMENT WHEN  
WORK HAS BEEN COMPLETED  
OR READY FOR  
INSPECTION  
669-9118

Date: \_\_\_\_\_  
Estimated Cost: \_\_\_\_\_  
Fee: \_\_\_\_\_  
Building Permit No.: \_\_\_\_\_

**APPLICATION FOR PLUMBING PERMIT**

TO THE BUILDING DEPARTMENT, TOWN OF CLINTON, CONNECTICUT:

The undersigned hereby applies for a permit to do work according to the following specifications. All provisions of the INTERNATIONAL BUILDING CODE shall be complied with in the installation of this work, whether specified herein or not.

Owner: \_\_\_\_\_ Telephone: \_\_\_\_\_

Location: \_\_\_\_\_ Intended Use of Premises: \_\_\_\_\_

Description of work to be performed: \_\_\_\_\_

License # \_\_\_\_\_ License Type \_\_\_\_\_

Plans submitted  Yes  No Is plumbing:  New  Old  Repair  Extension

No. of tenements \_\_\_\_\_ No. of stores \_\_\_\_\_ Will this work create another tenant space  Yes  No

Vent pipe leads to:

	How Many	Water Closet	Lav.	Bath	Sink	Wash Tray	Urinal	Stop Sink
Basement								
1 <sup>st</sup> Floor								
2 <sup>nd</sup> Floor								
3 <sup>rd</sup> Floor								

**APPLICATION MUST BE SIGNED OFF BY BUILDING OFFICIAL & FIRE MARSHAL PRIOR TO WORK COMMENCING.**

**A COPY OF CURRENT LICENSE MUST BE PROVIDED**

IS PERMIT FOR MULTI-FAMILY DWELLING? YES NO

(IF YES, LICENSED CONTRACTOR MUST SIGN)

Contractor/Owner: SIGN \_\_\_\_\_ PRINT \_\_\_\_\_

Contractor/Owner Address: \_\_\_\_\_

Contractor/ Owner Phone (CELL) \_\_\_\_\_ (OTHER) \_\_\_\_\_

Justin Rossetti, Building Official

\_\_\_\_\_ Date

Fire Marshall