

Town of Salisbury

Plumbing Permit Application

P.O. Box 548

Salisbury, Ct 06068

Estimated Value: _____

Permit Fee: _____

\$25 for the first \$1,000

\$7 for each additional \$1,000 or part thereof

Plumber/Applicant

Name: _____		
Address: _____		
Town: _____	State: _____	Zip: _____
Phone: _____	License# _____	Classification: _____
Expiration: _____		

Owner

Name: _____	
Address: _____	
Town: _____	State: _____
Zip: _____	

Job Location

Street Number _____ Street: _____ Map: _____ Lot: _____	OFFICE USE ONLY Type of Job: _____
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Remarks:

turn to back if more space is needed

This is to certify that I am the owner or lessee of the building or structure, or agent of either, or a licensed engineer or architect employed in connection with the proposed work. I hereby certify that the owner of the property has authorized the proposed work. All work covered by this application will be done according to the Connecticut Building and Fire Code. As the applicant I understand that a Certificate of Use and Occupancy document is required before occupancy.

Signature

Date