

TOWN OF EAST HAVEN
APPLICATION TO INSTALL PLUMBING

Date _____ Permit No. _____

Project Address _____ Lot No. _____ Unit No. _____

Owner _____

Address _____ Tel. No. _____

Contractor _____ CT Lic.# _____

Address _____ Tel.No. _____

Use of Building (or portion of) _____ No. of stories _____ No. of families _____

Where does the drainage pipe discharge? _____

Size of sewer line _____ Size of stack _____ Waste _____ Vents _____

The answers to these must be written in each frame "ditto" must not be used.

Vent pipe leads to: _____

	How Many	Water Closet	Lav.	Bath	Sink	Wash Tray	Urinal	Slop Sink
Basement	_____	_____	_____	_____	_____	_____	_____	_____
First Floor	_____	_____	_____	_____	_____	_____	_____	_____
Second Floor	_____	_____	_____	_____	_____	_____	_____	_____
Third Floor	_____	_____	_____	_____	_____	_____	_____	_____

Remarks or Layout: _____

I certify that the installation of service and equipment will comply to the applicable codes governing the work involved.

X _____
Owner / Applicant

Construction Value _____

Permit Fee _____

Approved _____

Processing Fee _____

State Education Fee _____

Building Official

Total Fee _____