

TOWN OF EASTON BUILDING DEPARTMENT

PLUMBING
PERMIT APPLICATION

PLUMBING / GAS LINE /TRENCH

PERMIT #

HOMEOWNER NAME:

PHONE #

JOB ADDRESS:

Ph.

CONTRACTOR NAME:

CELL #

License Class:

License #

Exp. Date:

COMPANY NAME:

Ph #

Email:

JOB COST:

JOB DESCRIPTION

I, THE UNDERSIGNED, in accordance with the Building Code of the State of Connecticut, hereby applies for a permit to perform mechanical work as listed herein and agrees to conform strictly to the Building Code and to give notice when the work is ready for roughing and final inspections.

Print Name

Signature

Date

OFFICE USE ONLY

Estimated Job cost: \$ _____

PERMIT FEE:

ADMIN FEE:

TOTAL:

Building Official Signature

Date