

CITY OF NORWALK

PLUMBING PERMIT APPLICATION

For Office Use Only

District: _____ Block: _____ Lot: _____
 Use Group: _____ Construction Classification: _____

Plumbing Permit No.: _____
 Building Permit No.: _____
 Passed Inspection Date: _____

Building Location:

Building Owner's Name:

Phone:

Address:

City/Town:

Zip:

Tenant:

Authorization/Agent Letter:

Estimated Cost of Construction: \$ _____

Company Name:

Permit Fee: \$ _____

Business Address:

CT Education Tax: \$ _____

City:

State:

Zip:

Compliance Letter: \$ _____

Phone Number: ()

Total: \$ _____

License Holder's Name:

Payment Type: Credit Card/Check # _____

License Number:

Contractor's Signature:

SELECT WORK TYPE

SOLAR IRRIGATION

PLUMBING

SPRINKLER/FIRE SUPPRESSION

(Need stamped drawings by Fire Marshall)

Work Description:

NOTICE

LOCATION OF ANY EXTERIOR EQUIPMENT MUST BE SHOWN ON A PLOT PLAN APPROVED BY THE PLANNING & ZONING DEPARTMENT BEFORE ISSUANCE OF PERMIT

CERTIFICATION: I hereby certify ___ I am the owner of record of the named property or ___ that the proposed work is authorized by the owner of record and/or I have been authorized to make this application as an authorized agent, and we agree to conform to all applicable laws, regulations and ordinances. All information contained within is true and accurate to the best of my knowledge and belief.

Owner/Applicant Signature:

Inspector Signature:

Date: