

# Town of Litchfield

## Plumbing Permit Application

Estimated Value: \_\_\_\_\_  
Permit Fee: \_\_\_\_\_

*\$10 for the first \$1,000*

*\$5 for each additional \$1,000 or part thereof*

**Office Use Only**

Permit Number: \_\_\_\_\_

Date of Application: \_\_\_\_\_

### Plumber/Applicant:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ License #: \_\_\_\_\_ Classification: \_\_\_\_\_ Expiration: \_\_\_\_\_  
(not applicable for owner)

### Owner:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Job Location:

Street Number: \_\_\_\_\_ Street: \_\_\_\_\_

Map: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

**Office Use Only**

Type of Job: \_\_\_\_\_

### Remarks:

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*Turn to the 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. This is to certify that the above information is true to the best of my knowledge and that all work covered by this application will be done according to the Connecticut Building Code.

Signature

Date