

PERMIT NO. _____
 LICENSE NO. _____

APPLICATION FOR PLUMBING PERMIT

(Application must be typed or printed)

**TOWN OF LYME
 CONNECTICUT**

LOCATION OF JOB (NO. & STREET)	MAP	LOT																							
OWNER	ADDRESS (NO. STREET, TOWN, STATE, ZIP)																								
PHONE																									
PLUMBING CONTRACTOR	ADDRESS (NO. STREET, TOWN, STATE, ZIP)																								
PHONE																									
REMARKS																									
<div style="border: 1px solid black; padding: 5px; text-align: center;"> Town Fee: \$15.00 for 1st \$1,000.00 \$10.00 for each additional \$1,000 or part State Fee: \$0.26 per \$1,000.00 </div>																									
APPLICANT																									
ADDRESS (NO. STREET)																									
TOWN, STATE, ZIP																									
APPLIANCES <table style="width:100%; border-collapse: collapse;"> <tr> <th style="width:15%;">NO.</th> <th style="width:15%;">MFR</th> </tr> <tr> <td>DISH WASHER</td> <td>_____</td> </tr> <tr> <td>GARBAGE DISPOSAL</td> <td>_____</td> </tr> <tr> <td>CLOTHES WASHER</td> <td>_____</td> </tr> </table>	NO.	MFR	DISH WASHER	_____	GARBAGE DISPOSAL	_____	CLOTHES WASHER	_____	TYPE OF WORK BEING DONE <input type="checkbox"/> ORIG CONSTRUCTION <input type="checkbox"/> REPAIR <input type="checkbox"/> ALTERATION <input type="checkbox"/> DEMOLITION <input type="checkbox"/> ADDITION	<table style="width:100%; border-collapse: collapse;"> <tr> <th style="width:60%;"></th> <th style="width:20%;">COST</th> <th style="width:20%;">FEE</th> </tr> <tr> <td>ESTIMATED</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>ACTUAL</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>DIFFERENCE</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>ADDITIONAL</td> <td>_____</td> <td>_____</td> </tr> </table>		COST	FEE	ESTIMATED	_____	_____	ACTUAL	_____	_____	DIFFERENCE	_____	_____	ADDITIONAL	_____	_____
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CLASSIFICATION USE GROUP _____ CONSTRUCTION TYPE _____ SPECIFIC USE _____																									

All Permits Must Be Posted And Visible From The Street

LICENSE # _____ **WATER SUPPLY**

PUMP CONTRACTOR _____ STREET _____ TOWN _____ STATE _____

WELL SPRING PUBLIC ASSOCIATION IF WELL TYPE _____ DEPTH _____ STATIC LEVEL _____

_____ GAL. PER MIN AT _____ FT. _____ GAL. PER MIN AT _____ FT. _____ GAL. PER MIN AT _____ FT.

PUMP MANUFACTURER _____ MODEL _____ H P _____ GPM _____ DEPTH SET _____

ELECTRICAL WORK DONE BY _____ TOWN _____ STATE _____

	WATER HEATER	WATER TANK	PIPE			FIXTURES	
			SIZE	TYPE	INSPECTED	NO	STYLE
TYPE	_____	_____					
MAKE	_____	_____	BUILD DRAIN	_____	_____	BATHTUB	_____
MODEL	_____	_____	SOIL	_____	_____	SHOWER	_____
CAPACITY	_____ gal	_____ gal	MAIN VENT	_____	_____	TOILET	_____
TEST PRESSURE	_____ p.s.i	_____ p.s.i	WASTE	_____	_____	SINK	_____
WORKING PRESSURE	_____ p.s.i	_____ p.s.i	OTHER VENT	_____	_____	LAVATORY	_____
TEMP. RELIEF	_____	_____	COLD SUPPLY	_____	_____	WASH TUB	_____
PRESSURE RELIEF	_____ p.s.i	_____ p.s.i	HOT SUPPLY	_____	_____	URINAL	_____
						BIDDET	_____

All work covered by this application has been authorized by the (owner) or (agent) of this property and will be done according to state regulations. This permit shall lapse if work does not commence within 6 months.

APPROVED DISAPPROVED

_____ Date _____ Applicants Signature _____ Date _____ Building Official