

APPLICATION FOR PLUMBING PERMIT TOWN OF AVON

PERMIT NO. _____

All work done under this permit must comply with the State of Connecticut Building Code effective December 31, 2005 AS AMENDED.

Tel. (860) 409-4316 • Fax (860) 409-4321
60 West Main Street • Avon, Connecticut 06001-3743
Information MUST be provided in shaded areas.

IRC Chapter () _____

Application Accepted By _____

LOCATION OF JOB (NO. & STREET)	FILE	GIS No.	CONST. TYPE	USE GROUP	OCCUPANCY	CBYD	
TITLE		ADDRESS (No., Street, Town, State, Zip)		TEL.	FAX	CELL	
PROPERTY OWNER							
TENANT							
APPLICANT							
PLUMBING CONTRACTOR	LICENSE #						
ARCHITECT	LICENSE #						
ENGINEER	LICENSE #						
CONTACT PERSON							
PROJECT TYPE		WATER HEATER CHAPTER 5 (28)		ROOF DRAINS CHAPTER 11		PERMIT FEE	
<input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> TENANT FIT OUT <input type="checkbox"/> REPAIR/REPLACE		LOCATION _____ FUEL _____ CAPACITY _____ gal.		SIZE _____ MAT. _____ VERTICAL CONDUCTOR LEADER _____ HORIZONTAL DRAIN _____ GUTTERS _____ SCUPPERS _____		Estimated Value _____ Fee _____ Paid In Permit No. _____	
VENTS CHAPTER 9 (31)				SANITARY DRAINAGE CHAPTER 7 (30)		WATER SUPPLY CHAPTER 6,E (29)	
SIZE		MATERIAL		MIN. SIZE		SIZE	
MAIN _____ COMMON _____ WET _____ WASTE STACK _____ CIRCUIT _____ COMBINATION _____ ISLAND _____		BUILDING DRAIN _____ SOIL _____ WASTE _____ SUMP/EJECTOR <input type="checkbox"/> HEALTH CARE <input type="checkbox"/> ENGINEERED <input type="checkbox"/>		YES _____ NO _____ YES <input type="checkbox"/> NO <input type="checkbox"/>		WATER SERVICE _____ COLD SUPPLY (MIN) _____ HOT SUPPLY (MIN) _____ HEALTH CARE YES <input type="checkbox"/> NO <input type="checkbox"/> ENGINEERED YES <input type="checkbox"/> NO <input type="checkbox"/>	
AIR ADMITTANCE Yes <input type="checkbox"/> No <input type="checkbox"/>		ENGINEERED Yes <input type="checkbox"/> No <input type="checkbox"/>		SUMP/EJECTOR <input type="checkbox"/> HEALTH CARE <input type="checkbox"/> ENGINEERED <input type="checkbox"/>		LAWN IRRIGATION BACKFLOW PREVENTION CHAPTER 6 (29) Atmospheric Vac. Break <input type="checkbox"/> Pressure Vac. Break <input type="checkbox"/> If Chemicals Injected, Must Be Reduced Pressure <input type="checkbox"/>	
INDIRECT / SPECIAL WASTE CHAPTER 8				NUMBER OF FIXTURES CHAPTER 4 (27)			
		YES	NO	AIR GAP	AIR BREAK		
FOOD HANDLING		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bath tub	Sink, residential
FLOOR DRAIN (food storage area)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bidet	Sink, service
POTABLE WATER (discharge to waste)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Dishwasher	Urinal, valve
NON POTABLE WATER (discharge to waste)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Drinking fountain	Water closet, wall hung
						Hot tub	Water closet, tank, close coupled
						Laundry tub	Whirl pool tub
						Lavatory	Other
						Shower, temp. controlled	
INDIVIDUAL WATER SUPPLY OR BOOSTER PUMP CHAPTER 6 (26)							
PUMP INSTALLER		LICENSE #		TEL.		FAX	PAGER
ELECTRICIAN		LICENSE #					
Engineering _____				DESCRIPTION OF WORK/COMMENTS			
All work covered by this application has been authorized by the owner of this property or an authorized agent and will be done in compliance with all local, state and federal regulations. This permit shall become invalid if work does not commence within 180 days after issuance.							
Property Owner Signature _____		Date _____		APPROVAL CONSTITUTES ISSUANCE OF THIS PLUMBING PERMIT Plan Reviewed By _____ Date _____ <input type="checkbox"/> Approved as noted (see attached) <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved Building Official _____ Date _____			
Agent Signature _____		Date _____					