

All work done under this permit must comply with the State of Connecticut Building Code effective October 1, 2016
As Amended
IRC Chapter ()

APPLICATION FOR PLUMBING PERMIT TOWN OF AVON

PERMIT NO. _____

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

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.	Estimated Value	Fee
		VERTICAL CONDUCTOR LEADER	_____	_____	_____
		HORIZONTAL DRAIN	_____	_____	_____
		GUTTERS	_____	_____	_____
		SCUPPERS	_____	_____	_____
VENTS CHAPTER 9 (31) SIZE MATERIAL MAIN _____ COMMON _____ WET _____ WASTE STACK _____ CIRCUIT _____ COMBINATION _____ ISLAND _____ AIR ADMITTANCE YES <input type="checkbox"/> NO <input type="checkbox"/> ENGINEERED YES <input type="checkbox"/> NO <input type="checkbox"/>		SANITARY DRAINAGE CHAPTER 7 (30) MIN. SIZE MAT. BUILDING DRAIN _____ SOIL _____ WASTE _____ YES NO SUMP/EJECTOR <input type="checkbox"/> <input type="checkbox"/> HEALTH CARE <input type="checkbox"/> <input type="checkbox"/> ENGINEERED <input type="checkbox"/> <input type="checkbox"/>		Paid In Permit No. _____ WATER SUPPLY CHAPTER 6,E (29) SIZE MAT. WATER SERVICE _____ COLD SUPPLY (MIN) _____ HOT SUPPLY (MIN) _____ HEALTH CARE ENGINEERED YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <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)			
FOOD HANDLING	YES <input type="checkbox"/>	NO <input type="checkbox"/>	AIR GAP <input checked="" type="checkbox"/>	AIR BREAK <input type="checkbox"/>	Bathtub		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.	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 _____
Property Owner Signature _____ Date _____	
Agent Signature _____ Date _____	