

APPLICATION FOR PLUMBING PERMIT

DATE ESTIMATED COST FEE

LOCATION TAX MAP LOT

OWNER ADDRESS

NEW BUILDING EXISTING BUILDING

NUMBER OF	Sinks	Baths	Basins	Closets	Showers	Dish Washer	Washing Machine	Disposal	Heater
Cellar Basement									
1st Floor									
2nd Floor									
Other									

I hereby certify that the proposed installation will conform to the applicable codes of the Town of Old Lyme.

Master Plumber License #

Address Approved

Building Official