



CITY OF MILFORD, CONNECTICUT

Application for Plumbing Permit

For office use only

Permit # _____

Date ____/____/____

Fee _____

DATE ____/____/____

PROJECT COST _____

PLEASE PRINT ALL INFORMATION

BLDG PERMIT # (if applicable) _____

The undersigned hereby applies for a permit to do work according to the Connecticut State Building Code.

NO WORK SHALL COMMENCE UNTIL PERMIT HAS BEEN ISSUED.

APPLICANT (select one)

☐

Owner

☐

Contractor

☐

Agent

PROPERTY ADDRESS _____

PROPERTY OWNER _____

Mailing address if different than property address _____

Owner Phone _____ Owner Email _____

Property Type (select one)

☐

Commercial

☐

Residential

Detailed Description of Work _____

Contractor (or Agent) Name _____

Contractor Address _____

City _____ State _____ Zip _____

Email Address _____ Phone _____

State License # _____ License Type _____ Expiration Date ____/____/____

APPLICANT SIGNATURE _____

APPROVED BY _____ **DATE** ____/____/____

(BUILDING INSPECTOR)

Building Inspection: 203-783-3234

Planning and Zoning: 203-783-3245

Inland Wetlands: 203-783-3256

www.ci.milford.ct.us

70 West River Street

Milford, Connecticut 06460