



CITY OF MILFORD, CONNECTICUT

APPLICATION FOR PLUMBING PERMIT

Permit No. _____

Date: _____ Estimated Cost: _____ Fee: _____

PLEASE PRINT ALL INFORMATION

BLDG. PERMIT# _____

TO THE BUILDING DEPARTMENT, CITY OF MILFORD, CONNECTICUT

The undersigned hereby applies for a permit to do work according to the following specifications. All provisions of the Building Ordinances shall be complied with in the installation of this work whether specified herein or not.

Location _____

Owner _____ Address _____

New Bldg. Single Family House Comm. Bldg. Other Bldg.

No. of	Trays	Sinks	Baths	Lavatories	Closets	Urinals	Showers	Disposal	Dish Washer	Water Htr.	Wash. Mach.	Other
Bsmt.												
1 st Floor												
2 nd Floor												
3 rd Floor												
4 th Floor												
Garage												

Remarks: _____

Contractor: _____ Signature: _____
(Print Name)

Address: _____ City: _____ Zip: _____ Tel: _____

State License No. _____ Type: _____ Expiration Date: ____/____/____

Approved By: _____ **Date:** _____
BUILDING INSPECTOR

**This application void if not completely filled out.
 Permit is void in 6 months if work does not commence.**