

CITY OF GROTON

BUILDING DEPARTMENT
295 MERIDIAN STREET
GROTON, CT 06340

TEL. # 446-4104
FAX # 446-4109

PERMIT # _____

ISSUE DATE _____

APPLICATION AND PLUMBING PERMIT

** PERMIT NOT VALID UNTIL SIGNED BY BUILDING OFFICIAL **
** PLANS OR SKETCH MUST ACCOMPANY THIS APPLICATION **

LOCATION/ADDRESS _____

OWNER _____ ADDRESS _____

DATE SUBMITTED _____ ESTIMATED COST _____ FEE _____

RESIDENTIAL _____ BUSINESS/INDUSTRIAL _____

NEW _____ ALTERATION _____ REPAIR _____ ADDITION _____

PRESENT USE _____

ITEM	NUMBER	ITEM	NUMBER
STACKS		FOUNTAIN (DRINKING)	
SINKS		SUMP	
BATHS		SHOWERS	
WATER CLOSET		URINAL	
LAVATORY		CATCH BASIN	
TANK & HEATER		DISHWASHING MACHINE	
LAUNDRY TRAY		HUMIDIFIER	
WATER DISTRIBUTION SYS		GARBAGE GRINDER	
FLOOR DRAINS		WASHING MACHINE	
SEWAGE EJECTOR		SPECIAL WASTES	
HOT WATER HEATER		RAINWATER LEADERS	
		MISC. FIXTURES	

REMARKS: _____

CONTRACTOR'S NAME _____ TEL # _____
 CONTRACTOR'S ADDRESS _____ CITY _____ STATE _____ ZIP _____
 CONTRACTOR'S LICENSE # _____ EXP DATE _____ CLASS _____

**APPLICANT CERTIFIES THAT ALL INFORMATION GIVEN IS CORRECT AND THAT ALL WORK
WILL BE DONE IN CONFORMANCE WITH THE CONNECTICUT STATE BUILDING CODE.**

ISSUED BY _____

CONTRACTOR'S SIGNATURE

BUILDING OFFICIAL'S SIGNATURE

Before any work is done concerning sewer or water connection an application must be submitted to the DEPARTMENT OF UTILITIES for review and approval.

This is to certify that the electrical work done under this permit has been completed in accordance with the Connecticut State Building Code.

PLUMBING INSPECTOR

DATE