

TOWN OF DARIEN PLUMBING DEPARTMENT

No. _____

Application for Permit To Do Plumbing Work

B. P. _____

I HEREBY MAKE APPLICATION FOR A PERMIT TO DO PLUMBING WORK (IN ACCORDANCE WITH THE BOCA NATIONAL PLUMBING CODE) IN A BUILDING AS HEREINAFTER DESCRIBED.

OWNER (print) _____

DATE _____

20 _____

STREET _____

OWNER'S ADDRESS _____

TYPE OF BUILDING _____

WOOD FRAME _____

BRICK VENEER _____

NEW _____

OLD _____

ADDITION _____

TOWN SEWER CONNECTED _____

YES _____

NO _____

SEPTIC SYSTEM _____

YES _____

NO _____

FIXTURES

LOCATION	B	1ST	2ND	3RD
WATER CLOSETS				
LAUNDRY TUBS				
KITCHEN SINKS				
LAVATORIES				
BATH TUBS				
DISH WASHER				
SEWER EJECTOR				
SHOWERS				
AUTOMATIC WASH MACHINE				

PRINT NAME _____

Address _____

SIGNATURE _____

City _____

State _____

License # _____

Telephone: _____