

**TOWN OF BLOOMFIELD BUILDING DEPARTMENT**

800 Bloomfield Avenue PO Box 337 Bloomfield, CT 06002 Phone: 860-769-3516

**PLUMBING & AUTOMATIC FIRE SPRINKLER SYSTEM PERMIT APPLICATION**

<b>Receipt #</b>	<b>Street Address:</b>
<b>Building Permit Number:</b>	<b>Date:</b>

**Estimated Cost:** \_\_\_\_\_ **Fee:** \_\_\_\_\_

Cost of all permits is \$15 per one thousand dollars worth of construction or fraction thereof. Mandated CT Training Fee is included as part of the fee.

Property Owner	Contractor	Structure Type
Name: _____	Name: _____	<input type="checkbox"/> New Building
Address: _____	Address: _____	<input type="checkbox"/> Addition
_____	_____	<input type="checkbox"/> Existing Building
Phone: _____	Phone: _____	<input type="checkbox"/> Other
Email: _____	Email: _____	<b>Type of Use</b>
		<input type="checkbox"/> 1or 2 Family Residential
		<input type="checkbox"/> Commercial & all others

Water Supply and Sewage Disposal System		
<b>Type of Water Supply:</b>	<input type="checkbox"/> MDC Water Supply	<input type="checkbox"/> Well <input type="checkbox"/> Other
<b>Size of Main Water Supply Pipe to Building:</b> _____		
<b>Type of Sewage Disposal System:</b>	<input type="checkbox"/> MDC Sewers	<input type="checkbox"/> Septic System <input type="checkbox"/> Other
<b>Size of Main Building Drain Pipe in Building:</b> _____		
<b>How Many?:</b> Bathrooms _____ Kitchens _____ Bedrooms _____		

**TYPE OF INSTALLATION** (Check all of the installations covered under the permit):

- Plumbing       Roof Drains       Automatic Fire Sprinkler System

**DESCRIBE FURTHER THE NATURE OF THE INSTALLATION. For other than 1 & 2 Family Residential permits, two sets of plans (3 sets of plans if the work involves the Health Department such as for restaurants and food service) must be submitted with this application if they have not already been submitted with the building permit.**

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<b>Signed:</b> _____  <b>Print Name:</b> _____  <b>Phone #:</b> _____  <input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Agent	<b>Date:</b>	<b>Contractor License #:</b>
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