



Toni N. Harp  
Mayor  
James Turcio  
Building Official

# PLUMBING/ SPRINKLER PERMIT APPLICATION

CITY OF NEW HAVEN  
Toni N. Harp, Mayor

BUILDING DEPARTMENT  
200 Orange Street, 5<sup>th</sup> Floor  
New Haven, CT 06510  
Phone: (203) 946-8045 Fax: (203) 946-8049  
[www.cityofnewhaven.com](http://www.cityofnewhaven.com)

**(FOR OFFICIAL USE ONLY)**

PERMIT NO:

P- \_\_\_\_\_ - \_\_\_\_\_

Entered By:

\_\_\_\_\_

Building Permit No:

B- \_\_\_\_\_ - \_\_\_\_\_

Application to do Plumbing/Sprinkler work in accordance with the Plumbing Code of the State of Connecticut and all applicable state and national standards in a building hereinafter described:

**TYPE OF PERMIT:**

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> PLUMBING   | <input type="checkbox"/> WATER HEATER |
| <input type="checkbox"/> FIRE SUPPRESSION   | <input type="checkbox"/> GAS LINE     |
| <input type="checkbox"/> SPRINKLER – NEW BUILDING AND NEW SPRINKLER SYSTEMS:<br>PRESSURE AT BASE OF STANDPIPE _____ | GPM _____                             |

- Work Location: \_\_\_\_\_ **New Haven, CT**
- Owner Name: \_\_\_\_\_ Phone No: ( ) \_\_\_\_\_ - \_\_\_\_\_  
Address: \_\_\_\_\_
- Kind of Building:  Residential  Non-Residential/Commercial  Mixed Use
- Applicant Name: \_\_\_\_\_
- Contractor Name: \_\_\_\_\_ Phone No: ( ) \_\_\_\_\_ - \_\_\_\_\_  
Address: \_\_\_\_\_

\*Note this is where the permit will be mailed.

Conn. State License (Type and Number): \_\_\_\_\_

Email Address: \_\_\_\_\_

**(This includes Labor and Materials)**

Cost Estimate: \$ \_\_\_\_\_

Permit Fee: \$ \_\_\_\_\_

Penalty Fee: \$ \_\_\_\_\_

Certificate of Approval: **\$30.00** if applicable

Total Fee: \$ \_\_\_\_\_

Fire Marshall Sign-off: (if applicable)

\_\_\_\_\_ Approved on: \_\_\_\_/\_\_\_\_/20\_\_

Description of Job:

CERTIFICATION: I hereby certify that:  I am the owner of record of the named property, or  that the proposed work is authorized by the owner of record and/or I have been authorized to make this application as an authorized agent, and we agree to conform to all applicable laws, regulations, and ordinances. All information contained within is true and accurate to the best of my knowledge and belief.

X \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/20\_\_  
Signature of Owner/Authorized Agent

Inspector Signature: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/20\_\_

Notarized By: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/20\_\_

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CASH  CHECK# \_\_\_\_\_