



PLUMBING PERMIT APPLICATION

Town of East Granby

9 Center Street East Granby, CT 06026
Phone: (860) 653-3444 Fax: (860) 653-4017

Date: _____
Job Location (No. and Street) _____
Owner's Name: _____ Phone: _____
Owner's Address: (No. and Street) _____
Town: _____ State: _____ Zip Code: _____

Applicant's Name: First: _____ Last: _____
Applicant's Company Name: _____
Applicant's Address: (No. and Street) _____
Town: _____ State: _____ Zip Code: _____

Bus: Phone: _____ Cell Phone: _____
Email: _____
License Type: _____ License #: _____ Exp Date: _____

Estimated Cost: \$ _____ Blanket: yes no Sprinklers: yes no

Description of Work: _____

I hereby certify that I am the owner of the property which is subject of this application OR the authorized agent of the property owner; I agree to call at least 24 hrs. in advance for each inspection; I agree to uncover and expose any work which is covered or concealed without inspector's approval; I understand that when a permit is issued, it is a permit to proceed and grants no right to violate any code, ordinance, or statute, regardless of what may be shown or omitted on the submitted plans and specifications of any agreement with the official. All information contained within is true and accurate to the best of my knowledge and belief.

Signature: _____

FOR OFFICE USE ONLY

Fee Paid: \$ _____ Cash Check Receipt # _____ Permit #: _____

Building Official _____ Date _____