



**TOWN OF WOODBRIDGE
BUILDING DEPARTMENT
11 Meetinghouse Lane, Woodbridge, CT 06525
203. 389.3419 Phone 203.389.3480 Fax**

PLUMBING/WATER PUMP PERMIT APPLICATION

Please print following information

Date _____
Location _____

Value \$ _____
Permit Fee \$ _____

The undersigned hereby applies to the Building Department of the Town of Woodbridge for a permit to perform the following described work in accordance with the following specifications and all applicable local and state ordinances and codes. **ALL APPLICATIONS FOR HEATING OR AIR CONDITIONING PERMITS FOR NEW BUILDINGS OR SUBSTANTIAL ADDITIONS OR ALTERNATIONS MUST BE ACCOMPANIED BY HEAT LOSS / GAIN CALCULATIONS**

Cell Phone # (____) _____ Home Phone #(____) _____

Property Owner _____ Owner's Address _____

New Building _____		Septic Tank _____		Replacement _____		City Water _____	
Existing Building _____		Sewer _____		New _____		Replacement _____	
Single Family Dwelling _____		Multiple Family Dwelling _____				Number of Apartments _____	
Commercial Building _____		Number of Stories _____				Other Building _____	
Submersible or Jet Pump? _____		Make of Pump _____					
Model # _____		Motor Size _____		Pump Size _____		Date of Water Test _____	

No. of	Trays	Sinks	Baths	Lavatories	Closets	Urinals	Disposal	Dish Washers	Showers	Water Heater	Washing Machine
Basement											
1st Floor											
2nd Floor											
3rd Floor											

No. of	Floor Drain	Sewage Ejector	Baths	Fountain (Drinking)	Closets	Humidifier	Disposal	Special Waste	Showers	Misc. Fixtures
Basement										
1st Floor										
2nd Floor										
3rd Floor										

Well Location: _____

Remarks _____

License Holder's Name _____ Bus Phone#(____) _____

License Holder's Address _____ Cell Phone # ((____) _____

License Number _____ Class _____ Expires _____

Contractor's Signature _____ Date _____