

**TOWN OF ORANGE, CONNECTICUT**

**PLUMBING - PERMIT APPLICATION**

Permit # \_\_\_\_\_ Building Permit # \_\_\_\_\_ Date \_\_\_\_\_

Job Location \_\_\_\_\_

Owner \_\_\_\_\_ Tenant \_\_\_\_\_

Type of Building: RES \_\_\_\_\_ COMM \_\_\_\_\_ IND \_\_\_\_\_ Other \_\_\_\_\_

Type of Work: New \_\_\_\_\_ Add \_\_\_\_\_ Remodel \_\_\_\_\_

\_\_\_\_ Size of Water Main      \_\_\_\_ Vent Stack Size      \_\_\_\_ Garbage Disposal

\_\_\_\_ Town Sewer or Septic      \_\_\_\_ Sinks      \_\_\_\_ Drainage Fixture Unit Load

\_\_\_\_ Sewer Ejector      \_\_\_\_ Full Bath Rooms      \_\_\_\_ Dishwashing Machine (Comm.)

\_\_\_\_ Water Closets      \_\_\_\_ Lavatories      \_\_\_\_ Drinking Fountains

\_\_\_\_ Sewage Size      \_\_\_\_ Floor Drains      \_\_\_\_ Rain Water Leader

Misc \_\_\_\_\_

Description of work to be performed  
\_\_\_\_\_

**\*\*\*WHERE APPLICABLE, HANDICAP REQUIREMENTS MUST BE COMPLIED WITH**

Contractor's Name (Please Print) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone # \_\_\_\_\_

Estimated Cost of Work \_\_\_\_\_ Fee \_\_\_\_\_ Paid Check # \_\_\_\_\_

License Type \_\_\_\_\_ # \_\_\_\_\_

\_\_\_\_\_  
**Signature of Contractor or his  
Authorized Representative**

\_\_\_\_\_  
**Signature of Building Official**