

**CITY OF WEST HAVEN APPLICATION FOR PLUMBING PERMIT, PAGE 1 OF 3**


HOUSE/BLDG #: \_\_\_\_\_ Unit #: \_\_\_\_\_ STREET: \_\_\_\_\_

Project name or Tenant \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_

Property Owner's Mailing Address: \_\_\_\_\_

Property Owner's Phone \_\_\_\_\_ Email \_\_\_\_\_



Plumbing Contracting Company: \_\_\_\_\_

Licensed Tradesperson: \_\_\_\_\_ Lic P \_\_\_\_\_

Contractor's Address \_\_\_\_\_

Contractor's Phone \_\_\_\_\_ Email \_\_\_\_\_

Registered P.E. (where required) \_\_\_\_\_ Registration # \_\_\_\_\_

Address \_\_\_\_\_

Engineer's Phone \_\_\_\_\_ Email \_\_\_\_\_

*The undersigned owner or authorized agent of the owner applies for a plumbing permit in accordance with the laws and ordinances of the City of West Haven CT, the Connecticut General Statutes, the CT State Building Code, and the CT State Fire Safety Code as they may apply, and intends to comply with same. Permits are issued to the owner in fee, and compliance with all regulations is the responsibility of the owner in fee of the subject parcel.*

**Check one:**

**A.) I hereby swear that : I am the Owner In Fee of the subject parcel \_\_\_\_\_; or,**

**B.) this application is authorized by the Owner In Fee and that said applicant is authorized by the Owner In Fee to make said application: \_\_\_\_\_ .**

**Applicant Signature:** \_\_\_\_\_ *(notary not required if Property Owner is signing)*

Personally Appeared (print applicant name) \_\_\_\_\_

Authorized agent for: (Print property owner's name) \_\_\_\_\_ Owner,

who made oath that the statements herein were true and correct before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Notary Public \_\_\_\_\_ My Commission Expires: \_\_\_\_\_

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**Description of building:**

Occupancy Class: 1 or 2 fam or townhouse \_\_\_\_\_ Multi-Fam: \_\_\_\_\_ Business: \_\_\_\_\_ Mercantile: \_\_\_\_\_ Assembly: \_\_\_\_\_ Institutional: \_\_\_\_\_ Educational: \_\_\_\_\_ Utility: \_\_\_\_\_

Description of use: \_\_\_\_\_

Construction class of building: Type IA \_\_\_ IB \_\_\_ IIA \_\_\_ IIB \_\_\_ IIIA \_\_\_ IIIB \_\_\_ IV \_\_\_ VA \_\_\_ VB \_\_\_ Description \_\_\_\_\_

**Proposed project (check all that apply):**

**Work is for:** New \_\_\_ Existing \_\_\_ Alteration \_\_\_ Repair \_\_\_ Food Service \_\_\_ Industrial \_\_\_ Other \_\_\_\_\_

**Plumbing:** Drain, Waste, and Vent \_\_\_ Water Piping \_\_\_ UG Water Service \_\_\_ Storm Water Piping \_\_\_ Med Gas \_\_\_ Other \_\_\_\_\_

Fixture description and count: \_\_\_\_\_

Describe piping materials: \_\_\_\_\_

**Domestic Hot Water:** Water heater \_\_\_ Gas \_\_\_ Oil \_\_\_ Electric \_\_\_ Heat Pump \_\_\_ Solar \_\_\_ Size, gallons \_\_\_\_\_ Make and model \_\_\_\_\_

**Specialized Piping:** Gasoline \_\_\_ Diesel \_\_\_ Fuel Oil \_\_\_ Other \_\_\_\_\_

**Gas Piping:** Natural Gas \_\_\_ Propane \_\_\_ Propane tank set only \_\_\_ Describe materials \_\_\_\_\_

**Describe project, piping method and materials:**

Estimated cost of project: \$ \_\_\_\_\_ Permit fee \$ \_\_\_\_\_ (See Fee Schedule)

**List of attached drawing numbers and their dates:**

**Document check list:**

- |  |   |
|--|---|
| <input type="checkbox"/> Engineering plans and specifications (where required)   | <input type="checkbox"/> Energy code compliance documents (Res-Check, Com-Check, or equivalent) |
| <input type="checkbox"/> Fixture DFU Calculations for DWV pipe sizing  | <input type="checkbox"/> Manufacturer's specification sheets on all proposed equipment          |
| <input type="checkbox"/> Pressure loss calculations for domestic water piping  | <input type="checkbox"/> Approved submittal package (commercial, thumb drive acceptable)        |
| <input type="checkbox"/> Isometric DWV sketch  | <input type="checkbox"/> Health Department approval for all plots containing well and or septic |
| <input type="checkbox"/> Plot plan showing location of sewer line and water lines  | <input type="checkbox"/> Grease Interceptor (FOG) application                                   |
| <input type="checkbox"/> Copy of Contractor license (as applicable)  |   |
| <input type="checkbox"/> Letter of permission from licensed Plumber to use license/registration for this project<br>(required where applicant is not the named licensee) | <input type="checkbox"/> Proof of Workers Compensation Insurance or related document            |

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**Agency Approvals (when required)**

\_\_\_\_ Fire Marshal, Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_ Health Dept., Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_ Sewer Dept. Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(All permits issued for work in a Health Dept. regulated facility such as food service or hair salons and like establishments must be approved by the Health Department)*

**FOR OFFICE USE ONLY:**

DESCRIPTION OF APPROVED WORK: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Separate permits are required for work associated with this permit: Mechanical \_\_\_\_ Building \_\_\_\_ Electrical \_\_\_\_ Grease Interceptor \_\_\_\_

Estimated value of work: \$ \_\_\_\_\_ Fee: \$ \_\_\_\_\_ + \_\_\_\_\_ + Scan fees \_\_\_\_\_ = Total \$ \_\_\_\_\_ App. Date: \_\_\_\_\_

Building Official Approval, Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*This application for a Plumbing permit is governed by the current applicable CT State Statutes, CT State Building and Fire Codes, as amended, and applicable ordinances enacted by the City of West Haven.*

**MUNICIPAL ORDINANCE 81-8-C Taxes Due**

No Permit shall be approved by the West Haven Building Department if it is determined by the Building Official that there are delinquent taxes, or sewer use charges against the property for which an application is made, unless the property owner has entered into a payment program approved by the City Tax Collector to pay-off the delinquent taxes, liens, or sewer use charges, which may be due.

**CT State Building Code: (Emergency orders may extend these time periods)**  
*States in part and material relevance:*

**Section 105.3.1 ACTION ON APPLICATION** reads in part: "The Building Official shall examine or cause to be examined application for permits and amendments thereto within 30 days after filing and either issue or deny a permit within such 30 day period. If the application or construction documents do not conform to the requirements of this code and pertinent laws, the Building Official shall reject such application in writing stating the reasons therefore."

**Section 105.3.1.1 ZONING APPROVAL** reads in part: "No Building Permit shall be issued in whole or in part for a building use or structure subject to the zoning regulations of the municipality without certification in writing by the official charged with enforcement of such regulations that such building, use or structure is in conformity with such regulations or is a valid non-conforming use under such regulations."

**Section 105.3.1.2 FIRE MARSHAL APPROVAL** reads in part: "No Building permit for a building structure or use subject to the requirements of the CT State Fire Code, [as amended], shall be issued in whole or in part without certification in writing from the local Fire Marshal that the construction documents for such building, structure, or use are in substantial compliance with the requirements of the CT State Fire Code [as amended]."