

**TRUMBULL BUILDING
DEPARTMENT**

building@trumbull-ct.gov

*Town of Trumbull
Connecticut*



Town Hall
5866 Main Street
Trumbull, Connecticut
06611

203.452.5020
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PLUMBING PERMIT APPLICATION

Plumbing Permit No: _____ Date: _____
Building Permit No: _____
Licensed Contractor: _____ CT License No: _____
Contractor Address: _____ Phone No: () _____
E-Mail Address _____
Location of Job: _____ Property Owner: _____

FIXTURES

Floor/ Location	No. of Bathrooms	Toilets	Sinks	Bathtubs	Stall Showers	Washer	Whirlpool
Basement							
First							
Second							
Third							

Zoning approval for tanks: _____ Date: _____
Gas ___ Oil ___ UG ___ IG ___

Engineering approval for tanks: _____ Date: _____

Description of work: _____

I HEREBY MAKE APPLICATION FOR A PERMIT TO DO PLUMBING WORK ACCORDING TO THE ABOVE DETAILED STATEMENT. ALL WORK SHALL BE DONE IN ACCORDANCE WITH THE CONNECTICUT STATE BUILDING CODE IN EFFECT AT THE TIME OF APPLICATION AND WITH ANY AND ALL REGULATIONS OF THE TOWN OF TRUMBULL.

Signature of Master: _____ Print Name: _____

Estimated Value of Work: _____ Fee: _____