TOWN OF GROTON
PLUMBING PERMIT
Please Print

Return to:
Inspection Services
134 Groton Long Point Road
Groton, CT 06340-4873
Phone: (860)446-5982
Fax: (860)448-4094

PERMIT NO: _____ VALUE: $ _____

FEES: PLUMBING: $ _____ STATE: $ _____ TOTAL: $ _____

DATE: _____

ADDRESS: _____

OWNER: _____ PHONE: _____

OWNER'S ADDRESS: _____ E-MAIL: _____

CONTRACTOR: _____ PHONE: _____

CONTRACTOR'S ADDRESS: _____ E-MAIL: _____

Permit is for NEW / EXISTING, RESIDENTIAL / COMMERCIAL building with PUBLIC / WELL water and PUBLIC / SEPTIC sewer system.

Plans HAVE / HAVE NOT been submitted.

INTENDED USE OF BUILDING: _____

_____

DESCRIPTION OF WORK: _____

_____

CERTIFICATION: I hereby certify that: ☐I am the owner of record of the named property or ☐that the proposed work is authorized by the owner of record and/or I have been authorized to make this application as an authorized agent, and we agree to conform to all applicable laws, codes, regulations and ordinances. All information contained within is true and accurate to the best of my knowledge and belief.

Print Name in Ink	Company Name	Phone #
Signature (in INK) of Owner/Authori:	Date	Lic. #

Building Official **Completed Application Received Date**

This permit shall become invalid unless the work authorized by such permit is commenced within 180 days after its issuance. Refunds will be subject to the refund policy.