

Permit No. \_\_\_\_\_

Tax Acct. No. \_\_\_\_\_

**TOWN OF SWEDEN  
APPLICATION FOR PLUMBING PERMIT**

Applicant: Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Town of Sweden License No. \_\_\_\_\_

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

New Construction	_____	Addition/Alteration	_____
One Family	_____	Duplex	_____
Multiple	_____	Number of Units	_____
Commercial	_____	Industrial	_____

Number of Openings:	Fixtures .....	_____
	Disposals.....	_____
	Dishwashers.....	_____
	Laundry Tubs/Washers .....	_____
	Water Heaters .....	_____
	TOTAL	_____

Plans on file? Yes

Also required:

1. Sketch of connection to sanitary sewer.
2. Sketch of connection to storm sewer.
3. County Health approval of septic system.

I DO HEREBY CERTIFY that the statements contained in this application are true and correct, according to my best knowledge and belief.

Date: \_\_\_\_\_ Applicant: \_\_\_\_\_

Fees: Commercial Permit	\$100.00	Residential Permit	\$ 50.00
_____ openings @ \$5.00 each	_____	_____ openings @ \$4.00 each	_____
TOTAL	\$	TOTAL	\$

APPLICATION APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_

Building Inspector