TOWN OF SWEDEN
APPLICATION FOR PLUMBING PERMIT

Applicant: Name____________________________________________________
Address______________________________________________________________
Phone Number________________________________________________________
Email______________________________________________________________

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

Revised 8/5/20