

Permit No. _____

Tax Acct. No. _____

**TOWN OF SWEDEN
APPLICATION FOR PLUMBING PERMIT**

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Applicant: Name _____

Address _____

Phone Number _____

Email _____
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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.

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

Date: _____ Applicant: _____

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Fees: Commercial Permit \$100.00 Residential Permit \$ 50.00
_____ openings @ \$5.00 each _____ openings @ \$4.00 each _____
TOTAL \$ TOTAL \$
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APPLICATION APPROVED: _____ DATE: _____
Building Inspector