

Permit No. _____

Tax Acct. No. _____

TOWN OF SWEDEN
APPLICATION FOR PLUMBING PERMIT

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Applicant: Name _____

Address _____

Email _____

Phone Number _____

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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