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

Revised 01/01/03
Building/plumbing