

CITY OF DERBY, BUILDING DEPARTMENT

1 Elizabeth Street, Derby, CT 06418 203-736-1481

PERMIT FOR PLUMBING INSTALLATION

Please Print Clearly

Is this permit associated with an addition, alteration or new construction?

If yes, Permit # _____

Job Site Address _____

Owner's Name _____ Address _____

Tenant Name and Address _____

Building Occupied as _____

Detail Project Description _____

Date _____ Value of Work _____

Contractor Information: Name _____

Address _____

Phone _____ - _____ - _____ License Type and Number _____

Signature _____

Office Use Only:

Application Date _____ Fee _____ Building Official _____

Inspected By _____ Approval Date _____