TOWN OF EAST HADDAM
CONNECTICUT
Building Department

1 Plains Road
P.O Box 385
Moodus, CT 06469
TELEPHONE (860) 873-5024
FACSIMILE (860) 873-1565
E-MAIL building.dept@easthaddam.org

Plumbing Permit

Permit Value: $_____ Permit Fee:$ _____

Property Address: _____ CT _____
Zip Code

Property Owner:	**Owner/Applicant/Agent/Contractor:**
Name:	Name:
Street Address:	Street Address:
City, State, Zip:	City, State, Zip:
Phone #:	Phone #:
Email Address:	Email Address:
Flood Hazard Area: ☐Yes ☐ N/A	HIC# ☐ Copy
	COI - W/C = 7A - 7B - 7C

NO GAS PIPING ON THIS APPLICATION

Detailed Scope of Work:

_____

_____

_____

Affidavit: I hereby certify that I am the owner of the property which is the subject of this application or the authorized agent of the property owner and I have been authorized to make this application. I understand that when a permit is issued, it is a permit to proceed and grants no right to violate the State of Connecticut Building Code or any other code, ordinance or statue, regardless of what might be shown or omitted on the submitted plans and specifications. All information contained within is true and accurate to the best of my knowledge and belief.

All approved and issued permits are subject to inspections performed by a representative of this office. Requests for inspections must be made **48 hours** in advance. COA inspections must be completed ***10 days*** prior to issuance of certificate paperwork. I hereby certify and acknowledge that, I have read and fully understand as the owner/agent, it is I who is responsible for calling for the required inspections that the Town of East Haddam, CT has posted in the Building Department. As the agent I also certify that a re-inspection fee may be assessed to me or my company for permits that have expired 180 days after issuance.

_____ _____
Owner / Applicant / Agent /Contractor Signature ***Date***

☐ APPROVED_____ Building Official Signature _____

THIS IS NOT A PERMIT UNTIL SIGNED BY THE BUILDING OFFICIAL