



Plumbing Permit/Application

TOWN OF MILFORD, BUILDING SAFETY DEPARTMENT

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Alteration/Addition/Replacement	<input type="checkbox"/> Other
CONSTRUCTION CATEGORY	
<input type="checkbox"/> One & Two Family Dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Condominium	<input type="checkbox"/> Multi-family Dwelling
<input type="checkbox"/> Accessory Structure	<input type="checkbox"/> ADU
<input type="checkbox"/> MH	<input type="checkbox"/> Tenant
<input type="checkbox"/> Other: _____	
JOB SITE INFORMATION AND LOCATION	
Street Address:	Lot #:
Building Permit #:	Tax Map/Parcel #
DESCRIPTION OF WORK	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/Zip:	
Phone: ()	Cell: ()
Email:	
PLUMBER	
Name:	
Business Name:	
Address:	
City/State/Zip:	
Phone: ()	Cell: ()
Email:	
Applicant must have a masters license or be the residing homeowner	
License #	Expiration Date:
A MINIMUM OF 24 HOURS NOTICE FOR ALL INSPECTIONS	
_____ Authorized Signature	_____ Date:

Application #

PLAN REVIEW REQUIRED FOR:

New Multi-family construction

All new non-residential construction

FEE SCHEDULE (eff 7/1/2017)

Description	Qty	Fee	Total
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RESIDENTIAL CONSTRUCTION

All Plumbing		\$50.00	
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NON-RESIDENTIAL CONSTRUCTION

Application/Min		\$50.00	
# New Fixtures		\$10.00	

TOTAL PERMIT FEES DUE: _____

Amount Paid: _____

Payment info: _____

PERMIT # _____

ISSUE DATE: _____

Town of Milford Building Official/Dept Designee

Permits are valid for one year from date of issue.