

TOWN OF WESTON
BUILDING DEPARTMENT
HVAC & PLUMBING APPLICATION
(203) 222-2658

I, the Undersigned, hereby make application for a permit do Plumbing Work (in accordance with the Building Code) in a building as hereinafter described. I certify that I am familiar with the State of Connecticut Building Code as it applies to the work under my control and will give notice when work is ready for rough and final inspection.

Job Address _____

Building Permit No. (if applicable) _____

Name of Building Owner _____

Address of Owner (if different from job address) _____

Description of work _____

***LOCATION OF AIR CONDITIONING COMPRESSOR PADS MUST BE SHOWN
ON A PLOT PLAN AND APPROVED BY PLANNING AND ZONING.***

Company Name _____

Company Address _____

Your Name _____ Telephone No. _____

Type of License _____ License No. _____ Expiration Date _____

Estimated Cost of Work \$ _____ Permit Fee \$ _____

Signature _____ Date _____

Building Official _____ **Date** _____

DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY

OWNER NAME _____ Map _____ Block _____ Lot _____