

Plumbing
Permit No. _____

CITY OF BRIDGEPORT, BUILDING DEPARTMENT
APPLICATION FOR PLUMBING PERMIT
HOLD HARMLESS/RELEASE

Building
Permit # _____

City of Bridgeport and Bridgeport Building Department requires that permittee shall indemnify and hold-harmless "City/Department", its employees and agents and release both from any and all claims on actions brought by third parties for injuries or damages of property in connection with granting of this permit and work to be performed there under. Permittee may be required to insure against such claims in amounts appropriate to meet such obligation. City/ Department shall have the right to review and specify such amount and scope of coverage as it may deem appropriate for activities conducted under this permit.

I HEREBY MAKE APPLICATION FOR A PERMIT TO DO PLUMBING WORK-IN ACCORDANCE WITH THE BUILDING CODE-IN A BUILDING AS HEREINAFTER DESCRIBED:

Address of Work _____ Date _____ 20____
Nearest Cross St. _____ Owner _____ Address _____
Use of Building _____ Frame _____ Masonry _____ New _____ Old _____ Addition _____
Remarks _____

LOCATION

FIXTURES	B	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th
Toilets													
Lavatories													
Baths													
Stall Showers													
Sinks													
Hot Water Heater													

PLUMBER MUST RECEIVE A PERMIT BEFORE COMMENCING WORK.

Estimate of value \$ _____ Licensed Contractor: _____ (Print)
Signature _____
Receipt No. _____ Business Address _____
Fee _____ CT State License No. _____ Phone _____

Permit No. _____ **APPLICATION FOR FIRE PROTECTION PERMIT**

Sprinklers

Dry Wet Pipe Schedule Hydraulically Calculated

System Demand: PSI: _____ GPM: _____

No. of heads: New _____ Relocated _____

Standpipes

No. and size of risers: _____

No. of Stories: _____

Other Systems

CO₂ Halon Chemical Other: _____

Remarks _____

PERMIT MUST BE ISSUED BEFORE COMMENCING WORK

Estimate of value \$ _____ Licensed Contractor: _____ (Print)
Signature _____
Receipt No. _____ Business Address _____
Fee _____ CT State License No. _____ Phone _____