

CITY OF DERBY BUILDING DEPARTMENT

APPLICATION TO INSTALL PLUMBING

Date _____
 Building Location _____
 Owner _____
 Address _____
 Contractor _____
 Address _____
 Class of Bldg. Old() New() No. of stories() No. of families()

Permit # _____
 Old or New _____
 Tel. # _____
 Tel. # _____

Where does the drainage pipe discharge? _____
 Size of sewer line _____ Size of stack _____ Waste _____ Vents _____

THE ANSWERS TO THESE MUST BE WRITTEN IN EACH FRAME - 'DITTO' MUST NOT BE USED.

Vent pipe leads _____

	How Many	Water Closet	Lav	Bath	Sink	Wash Tray	Urinal
Basement							
1st Floor							
2nd Floor							
3rd Floor							

Remarks or Layout: _____

I certify that the installation of service and equipment will comply to the applicable codes governing the work involved.

 Authorized Signature

Approved _____

Bldg. Official _____

Estimate of Work _____
 Permit Fee \$ _____
 State License # _____