



Town of Brooklyn, CT

69 South Main Street, Suite 22 Brooklyn, CT 06234

860-779-3411

www.brooklynct.org

Plumbing Permit

08/18/2023

Draft

| PROJECT LOCATION INFORMATION | | | |
|---|-----------------------|---|------------------|
| Street No. & Street Name: 5 FAIRWAY DR | | Parcel ID: 42 0 22-25 | |
| Detailed Description of Project: Discontinuing Existing Septic Tank and Leach Field (Filling IN) and Tapping into Sewer Line existing on Westview Drive. Please contact "Joe Couture WPCF Sewer Plant Supervisor" with any project questions. ES> | | | |
| Work Includes: | Electrical | CRS# | HVAC |
| | | | Plumbing |
| | | | Fuel Gas/LP |
| Residential Projects - 2 complete sets of detailed construction plans, plot plans, and supporting documentation. | | Commercial Projects - 3 complete sets of detailed construction plans, plot plans, and supporting documentation. | |
| | | PLUM- Other Plumbing | |
| PROPERTY OWNER'S INFORMATION AS IT APPEARS ON THE LAND RECORDS | | | |
| Name: SANSONE EUGENE & CRISTY | | | |
| Business Name (if applicable): | | | |
| Mailing Address: 5 FAIRWAY DR BROOKLYN, CT 06234 | | | |
| | | | |
| Phone: (860) 471-2399 | Cell: (860) 471-2399 | Email: eugenesansone@yahoo.com | |
| APPLICANT/CONTRACTOR INFORMATION | | | |
| Name: Eugene | | | |
| Business Name (if applicable): | | Ins. Co.: | Exp. Date: |
| License/Registration (Type & No.): | | Expiration Date: | |
| Mailing Address: 5 Fairway Drive Brooklyn CT 06234 | | | |
| | | | |
| Phone: 8604712399 | Cell: 8604712399 | Email: eugenesansone@yahoo.com | |
| SUB-CONTRACTOR INFORMATION (OPTIONAL) | | | |
| Name: Scott Lembo | Phone: (860) 234-1324 | Lic. No. : | Exp. Date: |
| Name: | Phone: | Lic. No. : | Exp. Date: |
| Name: | Phone: | Lic. No. : | Exp. Date: |
| AFFIDAVIT | | | |
| I am aware that this is only an Application for the work described, and that I am not authorized to proceed with the project until such time as a Permit has been issued by the Building Official. | | | |
| I hereby certify that the proposed work shall conform to the Connecticut State Building Code and all other codes as adopted by the State of Connecticut, the municipal ordinances, and the municipal zoning regulations. I further attest that I am authorized to make application for a Permit for such work as described above. | | | |
| Signature: <i>Eugene</i> | Print Name: Eugene | | Date: 08/18/2023 |
| VALUE OF PROJECT: Value shall include all labor and material costs. | | PERMIT FEES (Office Use Only) | |
| IS THIS PERMIT PART OF A NEW CONSTRUCTION? No | | Building Fee: \$ 50.00 | |
| TOTAL VALUE OF PROJECT: \$ 5,000.00 | | Working without a Permit Fee: 0.00 | |
| Property Type: Residential | | State Ed. Fee: 1.30 | |
| 0.00 | | Zoning Compliance Fee: 0.00 | |
| An Application for a Permit for any proposed work shall be deemed to have been abandoned 180 days after the date of filing, unless such Application has been pursued in good faith or a Permit has been issued. Application and Permit fees for abandoned projects are nonrefundable per the municipal ordinances. | | Certificate Fee: 0.00 | |
| Demolition and Fire Protection work shall require a separate Application and Permit. | | TOTAL FEES: \$ 51.30 | |
| Fees Paid: 0.00 | | Date Paid: Cash | |
| | | Receipt No.: Check # | |