



**CITY OF BRIDGEPORT
DEVELOPMENT SERVICES**

PLUMBING PERMIT APPLICATION

CONTRACTOR INFORMATION: RES: _____ COM: _____

Date: _____	Contractor Name: _____	Phone Number: _____
State License Number: _____	Expiration Date: _____	
Project Address: _____	Property Owner: _____	
Description of Work: _____		
Estimated Cost: _____	Signature: _____	

Payment Information (Mail, Fax or Email): Total Payment: \$ _____ <input type="checkbox"/> Check Enclosed or <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard		
Card Number: _____	Expiration Date: _____	CVV: _____
Name on Card: _____	Signature: _____	

PLUMBING FEE SCHEDULE

PERMIT INFORMATION:

DESCRIPTION	QUANTITY	FEE
APPLICATION FEE (REQUIRED)		\$30.00
Base Residential Per Bathroom	_____ @ \$46	_____
Residential Wet Bar	_____ @ \$8	_____
Water Heater	_____ @ \$10	_____
New Water Line	_____ @ \$20	_____
Water Pipe Repair	_____ @ \$25	_____
New Sewer Line	_____ @ \$20	_____
Drainage Pipe Repair	_____ @ \$25	_____
Gas Line Test	_____ @ \$30	_____
Gas Pipe System (1 to 4 Outlets)	_____ @ \$5	_____
Gas Piping Systems (Add on Outlets over 4)	_____ @ \$1	_____
Commercial Plumbing Fixtures	_____ @ \$8	_____
Commercial Rainwater System	_____ @ \$8	_____
Commercial Interceptors	_____ @ \$30	_____
Irrigation / Backflow Protection (1 to 4 Devices)	_____ @ \$45	_____
Backflow Protection (Add on Devices over 4)	_____ @ \$1	_____
Apartment (1 Bedroom)	_____ @ \$30	_____
Apartment (2 Bedroom)	_____ @ \$40	_____
Medical Gas Piping System Serving up to 5 Inlet / Outlet	_____ @ \$5	_____
Additional Medical Gas Inlet / Outlet	_____ @ \$5	_____
Mobile Home Space or Unit Space	_____ @ \$15	_____
Water Well	_____ @ \$500	_____
Septic System	_____ @ \$410	_____

<i>Office use only:</i> PERMIT #: _____ Verified State License: _____ <input type="checkbox"/> Entered into Master Permit Log	TOTAL PERMIT FEE: \$ _____
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