



TOWN OF BRIDGETON
Commercial Plumbing Permit Application

Office Use Only: Assigned Permit Number _____ - _____

Project Address: _____

Please note: The Site Address must be visible from the street.

Contractor or Owner: _____

Mechanical Contractor: _____ License Number: _____

Project Contact: _____

Phone Number: _____ Email: _____

Residential: Commercial:
New : Replacement: Renovation:

| PERMIT FOR: | |
|----------------------------|--|
| Water Closets | |
| Urinals | |
| Bathtubs/showers | |
| Lavatories | |
| Washing Machines | |
| Laundry Sinks | |
| Water Heaters | |
| Kitchen Sinks | |
| Dishwashers | |
| Disposals | |
| Ice Machines | |
| Water Fountains | |
| Floor Drains | |
| Other | |
| Total Number of Appliances | |

Description of work: _____

APPLICANT CERTIFICATION:

ALL fields must be completed, or the application will not be accepted.

Applicant Signature: _____ Date: _____