

**APPLICATION FOR WELL PUMP PERMIT**

**TOWN OF HADDAM  
BUILDING DEPARTMENT  
30 FIELD PARK DRIVE  
HADDAM, CT 06438**

**(860) 345-8531 FAX (860) 345-5169**

PERMIT # \_\_\_\_\_ ESTIMATED COST \_\_\_\_\_ FEE \_\_\_\_\_ CHECK # \_\_\_\_\_

LOCATION OF PROPERTY \_\_\_\_\_

OWNER OF PROPERTY \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE # \_\_\_\_\_

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APPLICANT: \_\_\_\_\_ LICENSE # \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE # \_\_\_\_\_ CELL # \_\_\_\_\_

E-MAIL \_\_\_\_\_

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New Building \_\_\_\_ Existing Building \_\_\_\_ Intended Use of Building: ☐ Residential ☐ Commercial  
☐ Industrial ☐ Other: \_\_\_\_\_

WELL PUMP: Make: \_\_\_\_\_ Static Level: \_\_\_\_\_

Model: \_\_\_\_\_ GPM: \_\_\_\_\_

H. P.: \_\_\_\_\_ Depth Set: \_\_\_\_\_

DESCRIPTION OF PROPOSED INSTALLATION: \_\_\_\_\_

\_\_\_\_\_

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All work covered by this application has been authorized by the owner or agent of this property and will be done according to State Codes.

MAP: \_\_\_\_\_ LOT: \_\_\_\_\_ Applicant's (Print Name): \_\_\_\_\_

Date: \_\_\_\_\_ Applicants Signature: \_\_\_\_\_

☐ Approved ☐ Disapproved

Date Stamp

\_\_\_\_\_  
Town Building Official

\_\_\_\_\_  
Date

