

## PLUMBING PERMIT APPLICATION



DATE:		FEE:	RES (\$50	0 or N/A) or COMM (\$ 75)					
		PHONE:							
PROPERT	Y ADDRESS	:MapLot #							
		PLUMBER NAME:							
PLUMBER AND COMPANY:		COMPANY NAME:  ADDRESS: PHONE # E-MAIL:							
							LICENSE # EXP DATE:		
									REPAIR OTHER
					DESCR	IPTION			
OF W	ORK:								
		DRAW FLOOP	LAN ON R	EVERSE WITH DETAILS AND					
_			LOCAT	ION OF WORK 🗆					
		CHECK AL	L THAT A	APPLY.					
#	EAC	H:	#	EACH:					
	SINK	K, KITCHEN		WASHING MACHINE					
	SINK	K, BATH		SINK/OTHER					
SHC		WEIX		HOT WATER HEATER					
		ATORIES		BOILER					
		& SHOWER		DISHWASHER					
		TUB/JACUZZI TER CLOSET		SHUT OFF'S					
Mv sianatur.	o vorifies that	according to R105 & Ros	nonsihility: I	t shall be the duty of every person who					
				e, electrical, gas, mechanical or plumbing					
				de. This includes by reference all other co					
and NH RSA	4 155A:2 VII.			• •					
Signature of Installer									
U				_					
Inspected a	andA	PPROVEDN	OT Approv	ed					
Signature of Building Inspector									

