

Town Of Pelham Building Department
6 Village Green
Pelham, NH 03076
(603) 635-7811

For office use only

ML# _____

Permit# _____

Paid _____

PLUMBING PERMIT APPLICATION

CONTRACTORS LICENSE NO. _____ DATE: _____

LOCATION: _____

OWNER: _____

KIND OF BUILDING _____ USED AS _____

TO BE COMPLETED ABOUT _____ ESTIMATED COST \$ _____

NEW – ALTERATION – REPAIR – ADDITION (Circle One)

ITEM	NUMBER
STACKS	_____
SINKS	_____
BATHS	_____
WATER CLOSET	_____
LAVATORY	_____
TANK AND HEATER	_____
LAUNDRY TRAY	_____
WATER DISTRIBUTION SYSTEMS	_____
FLOOR DRAINS	_____
SEWAGE EJECTOR	_____
FOUNTAIN (DRINKING)	_____
SUMP	_____
SHOWERS	_____
URINAL	_____
CATCH BASIN	_____
DISHWASHING MACHINE	_____
GARBAGE GRINDER	_____
WASHING MACHINE	_____
SPECIAL WASTES	_____
RAINWATER LEADERS	_____
MISCELLANEOUS FIXTURES	_____

CONTRACTOR'S NAME _____

ADDRESS _____

PHONE NUMBER _____ E-Mail _____

HOMEOWNER'S PHONE NUMBER (REQUIRED)

*Homeowner's Phone Number is not required for new construction, or un-occupied dwelling units

APPLICANT CERTIFIES THAT ALL INFORMATION GIVEN IS CORRECT AND THAT ALL PERTINENT PLUMBING ORDINANCES WILL BE COMPLIED WITH IN PERFORMING THE WORK FOR WHICH THIS PERMIT IS ISSUED.

Signature of Contractor or his/her Authorized Representative Making Application