

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