



Commercial PLUMBING

Application / Permit

Sewer _____	Date _____
R Under _____	Date _____
R Above _____	Date _____
Final _____	Date _____

Received by _____
Date _____

Permit # _____

Address _____

Owner _____

Date Issued _____

Type of commercial _____ New Addition/Renovation

Property Acc# _____

Item	Fee	Quantity	Total																		
1 FIXTURES (each) <i>Insert how many in the boxes provided</i>																					
<table border="0"> <tr> <td>Sink</td> <td>Shower</td> <td>Water Closet</td> <td>Washing machine</td> <td>Outside faucet</td> <td>Floor drain</td> </tr> <tr> <td>1 Tub</td> <td>Lavatory</td> <td>Urinal</td> <td>Garbage disposal</td> <td>Drinking fountain</td> <td>Dishwasher</td> </tr> <tr> <td>Wash down station</td> <td>Other _____</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	Sink	Shower	Water Closet	Washing machine	Outside faucet	Floor drain	1 Tub	Lavatory	Urinal	Garbage disposal	Drinking fountain	Dishwasher	Wash down station	Other _____							
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1 Tub	Lavatory	Urinal	Garbage disposal	Drinking fountain	Dishwasher																
Wash down station	Other _____																				
2 GREASE INTERCEPTOR (each)																					
3 WATER HEATERS (each) Electric Only																					
4 IRRIGATION SYSTEM (includes backflow preventer) Deduct meter																					
5 BACKFLOW PREVENTER (each) <table border="0"> <tr> <td>Atmospheric vacuum breakers</td> <td>Reduced pressure principle</td> </tr> <tr> <td>Pressure vacuum breakers</td> <td>Dual check valve</td> </tr> </table>	Atmospheric vacuum breakers	Reduced pressure principle	Pressure vacuum breakers	Dual check valve																	
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Pressure vacuum breakers	Dual check valve																				
6 WATER PIPES (per 100 feet or part thereof) _____ feet																					
7 DRAINAGE, WASTE and VENT PIPES (per 100 feet or part thereof) _____ feet																					
8 STORM PIPING (per 100 feet or part thereof) _____ feet																					
9 ROOF DRAINS (each)																					
10 SANITARY SEWER CONNECTION																					
11 STORM (Drain) SEWER CONNECTION																					
12 PUMPS and EJECTORS (each)																					
13 OTHER Miscellaneous work not covered above (each) – Describe:																					
14 REINSPECTION for same work due to failure to pass initial inspection or unavailability of premises at time of initial inspection																					
Subtotal																					
15 APPLICATION FEE (non-refundable)	30.00																				
MINIMUM TOTAL FEE		Receipt # _____	TOTAL																		
16 SURCHARGE for permits issued after construction started without a permit * 100% of applicable fee, but not to exceed \$500. Such violations also subject to criminal penalties under NH law.	* 500.00																				

Contractor _____ Plumbing Lic. # _____

Address _____ City _____ State _____ ZIP _____

I attest all statements made on this application are true to the best of my knowledge. Applicants are advised that the making of a false statement on this form is a criminal offense.

Signature of contractor or person making application Telephone number Building Official or Designee

<p>CALL 589-3080 ONE DAY IN ADVANCE FOR AN INSPECTION</p> <p>Please have your permit number, address, and type of inspection ready so we may expedite your inspection request</p> <p>POST THIS CARD SO IT IS VISIBLE FROM THE STREET</p>	<p><small>PLUMB Com June 2018</small></p>
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~ PLEASE SEE OTHER SIDE ~

