Town of New Durham, New Hampshire

Application for PLUMBING

#603-520-3715 - Buildinginspector@newdurhamnh.gov

Reserved for Office Use Only

Location: _____

Map & Lot # _____ Zone: _____

Owner: _____

Address: _____

Phone: _____ Cell: _____

Email: _____

Contractor: _____
Business Name

Address: _____

Electrician's Name: _____

Email: (Required) _____

Phone: _____ Estimated Inspection Date: _____

License No. _____ Expiration Date: _____ Estimated Job Cost: _____

DESCRIPTION OF WORK:

Use Type: (Circle One) Residential Multi-Family Commercial Modular
Accessory/ Outbuilding ADU Other:

Item	Qty
Stacks	
Sinks	
Baths	
Water Closet	
Lavatory	
Tank & Heater	
Laundry Tray	

Item	Qty
Water Dist System	
Floor Drains	
Sewage Ejector	
Fountain (Drinking)	
Sump	
Showers	
Urinal	

Item	Qty
Catch Basin	
Dishwashing Machine	
Garbage Grinder	
Washing Machine	
Special Wastes	
Miscellaneous Fixtures	
Storage Tank (gal)	

Copy of License REQUIRED upon submission

I hereby certify that I am the owner, prime contractor, or agent thereof and am the applicant for an Electrical Permit requested to be issued by the Town of New Durham, New Hampshire, and hereby adknowledge that the approval I receive for said permit is based on the information provided in the application, and in attached plans and specifications, submitted to the Building Official.

Signauture of Applicant _____ Date _____