



**Town of New Durham**

Building Inspector/Code Enforcement Officer/Health Officer

PO Box 207, 4 Main St, New Durham, NH 03855

Office 603-859-2091 Ext#110 Fax 603-859-6644

Web Site: [www.newdurhamnh.us](http://www.newdurhamnh.us)

E-mail: [buildinginspector@newdurhamnh.us](mailto:buildinginspector@newdurhamnh.us)

**PLUMBING PERMIT \$50.00  
APPLICATION**

Date \_\_\_\_\_ **Email** \_\_\_\_\_

Owner \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Name of Installer \_\_\_\_\_ Phone # \_\_\_\_\_

Business Name \_\_\_\_\_ License # \_\_\_\_\_

Building Permit # \_\_\_\_\_ \* **Map#** \_\_\_\_\_ \* **Lot #** \_\_\_\_\_

*(Map and Lot #'s can be found on the Town of New Durham website or our Tax Collector)*

**Estimated Cost of Proposed Work \$** \_\_\_\_\_

**DESCRIPTION OF WORK TO BE PERFORMED:**

- Single Family  Modular  Multi Family  Other
- New Work  ( ) amp.
- Renovation / Relocation of Existing Plumbing
- Replacement of Existing Mechanical Appliances
- Hook-Up to Private Septic System
- Hook-Up to Public Sewage System
- Other \_\_\_\_\_

**ALL WORK IS TO BE IN COMPLIANCE WITH THE INTERNATIONAL  
PLUMBING CODE, AS ADOPTED BY THE STATE OF N H**

Signature of Installer \_\_\_\_\_

PH Masters License # \_\_\_\_\_ Expiration Date \_\_\_\_\_

**\*\*\*Please bring State of New Hampshire Plumbing License and Photo ID to the New Durham  
Town office before work begins.**

\*\*\*\*\* **FOR OFFICE USE ONLY** \*\*\*\*\*

\_\_\_\_\_  
Building Inspector/Code Enforcement Officer

\_\_\_\_\_  
Date