



**TOWN OF NEW BOSTON  
BUILDING DEPARTMENT  
PO BOX 250  
NEW BOSTON, NH 03070  
PH. 603-487-2500 Ext 150  
FAX 603-487-2975  
s.fournier@newbostonnh.gov  
Tuesday, Wednesday, Thursday 9am-4pm**

## **APPLICATION FOR PLUMBING PERMIT**

Date: \_\_\_\_\_ Permit#: \_\_\_\_\_ Map/Lot: \_\_\_\_\_

**INSTALLER SHALL CONTACT THE INSPECTOR FOR THE DAY THEY WISH TO HAVE THE INSPECTION BASED ON THE ABOVE SCHEDULE ABOVE**

Contractor's License No. \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
MBE License No. \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**\*\*\*\*\*PLEASE PROVIDE A PHOTOCOPY OF CONTRACTORS LICENSE\*\*\*\*\***

**Please print in ink or type all information**

**The undersigned applies for a permit to perform the mechanical work described below.**

Job Site Location: \_\_\_\_\_

Owner or Tenant \_\_\_\_\_ Phone \_\_\_\_\_ Email: \_\_\_\_\_

Owner's Address \_\_\_\_\_

Is this permit a conjunction with a building permit? Yes ☐ No ☐

Type of work ☐ New work ☐ replacement ☐ extension of old work

**Permit must be obtained before work is started and notice given to Inspector when ready for water or air test and again when finish work is completed.**

***Describe work to be performed:***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NEW – ALTERATION – REPLACE – ADDITION (Circle One)

Contractor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contractor's Name: \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Building Inspector or Designee's Signature: \_\_\_\_\_ Date \_\_\_\_\_