

Date _____
Permit No _____
Map/Lot _____

**TOWN OF NEW BOSTON
BUILDING DEPARTMENT
PO BOX 250
NEW BOSTON NH 03070
PH. 603-487-5504 ext150
Fax 603-487-2975**

APPLICATION FOR PLUMBING PERMIT

Plumber's License No. _____

Please print in ink or type all information

The undersigned applies for a permit to perform the plumbing work describe below:

Property Location _____

Owner or Tenant _____

Owner's Address _____

Is this permit in 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

Plumber's Signature: _____

Plumber's Name _____

Address _____

Phone _____

Building Inspector's or Designee's Signature:

_____ Date _____