



**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 POOL 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**

**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 \_\_\_\_\_

### ***Description of Pool Type:***

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☐ In Ground Pool (\$100.00 includes electrical fee)

☐ Above Ground Pool (\$75.00 includes electrical fee)

**\*\*\*\*\*Separate Permits are required for Electrical and Mechanical\*\*\*\*\***

### **Pool Installer (information):**

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

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

Address \_\_\_\_\_

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

Email \_\_\_\_\_

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