



TOWN OF STRAFFORD

INCORPORATED 1820

NEW HAMPSHIRE

OFFICE OF THE BUILDING INSPECTOR

12 Mountain View Drive Strafford, NH 03884

**PLUMBING PERMIT APPLICATION**

**Please complete all applicable information listed below**

ADDRESS/LOCATION: \_\_\_\_\_ Map# \_\_\_\_\_ Lot# \_\_\_\_\_

INSTALLATION COMPANY: \_\_\_\_\_ EMAIL: \_\_\_\_\_

APPLICANT PHONE NUMBER: \_\_\_\_\_

INSTALLER LICENSE NO: \_\_\_\_\_ -MASTER ONLY

TYPE OF BUILDING/PROJECT: \_\_\_\_\_

OWNER NAME/SIGNATURE: \_\_\_\_\_ Phone# \_\_\_\_\_

**Permit Information**

<u>ITEM</u>	<u>SIZE/QUANTITY</u>
SINK	
BATH/SHOWER	
TOILETS	
CLOTHES WASHER	
DISH WASHER	
MISC. FIXTURES	
OTHER	

**Description of work to be performed:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

As Applicant I swear to the best of my knowledge that all information above is accurate. This signed application constitutes consent on the applicant's part to allow for inspections at the property by Code Enforcement, Assessing Office, & Fire Department. The undersigned hereby agrees that the proposed work shall be done in accordance with all State and Town Building codes, & regulations.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Building Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PERMIT APPROVED  PERMIT # \_\_\_\_\_

**Permit Cost (Completed by Building Inspector)**

PLUMBING PERMIT - \$50 for 1<sup>ST</sup> 1500 SF/\$10 for each additional 500 SF | Paid: \$ \_\_\_\_\_

Notes: \_\_\_\_\_