

PLUMBING PERMIT DANVILLE, NH

DATE _____

PERMIT NUMBER _____

Owner Name: _____

Owner Address: _____

Contractor's License Number: _____

Type of Building: residential ☐ duplex ☐ multi-family ☐ commercial ☐

Date ready for inspection: _____ Estimated cost: \$ _____

Work to be done: NEW ☐ ALTERATION ☐ REPAIR ☐ ADDITION ☐

ITEM	NUMBER	
STACKS		
DISHWASHER		
SINKS		
WATER DISTRIB. SYSTEM		
TANK & HEATER		
BATHTUB		
BATHROOM		
LAVATORY		
LAUNDRY TRAY		
FLOOR DRAINS		
SEWAGE EJECTOR		
DRINKING FOUNTAIN		
SUMP		
SHOWER		
URINAL/TOILET		
CATCH BASIN		
HUMIDIFIER		
GARBAGE GRINDER		
WASHING MACHINE		
SPECIAL WASTES		
RAINWATER LEADERS		
MISC.		Call Joe Fitzpatrick to schedule an inspection: 603-235-2897
		TOTAL FEE:

CONTRACTOR'S NAME		
ADDRESS		
CITY	STATE	ZIP CODE
PHONE NUMBER		

APPLICANT CERTIFIES THAT ALL INFORMATION GIVEN IS CORRECT AND THAT ALL PERTINENT ORDINANCES WILL BE COMPLIED WITH IN PERFORMING THE WORK FOR WHICH THIS PERMIT IS ISSUED.

Signature of applicant

Signature of Town Hall official