APPLICATION FOR A PLUMBING PERMIT
TOWN OF CANDIA
74 HIGH STREET, CANDIA, NH 03034
603-483-1015

Owner(s) of record:________________________________ ______________________________________

Address of owner(s):_________________________________ ______________________________________

Building address:__________________________________ Map:__________Lot:__________

Phone number: (Home):_____________________________ (Work):_______________________________

CHECK AT LEAST ONE OF THE ITEMS FROM EACH COLUMN TO INDICATE PROPOSED CONSTRUCTION AND USE OF THE PROPERTY.

<table>
<thead>
<tr>
<th>TYPE OF SERVICE</th>
<th>TYPE OF BUILDING</th>
</tr>
</thead>
<tbody>
<tr>
<td>1._____Complete new system</td>
<td>1._____New Residence</td>
</tr>
<tr>
<td>2._____Addition to building</td>
<td>2._____New Non-Residential Building</td>
</tr>
<tr>
<td>3._____Fixture upgrade</td>
<td>3._____Existing Residence</td>
</tr>
<tr>
<td>4._____Repiping of existing</td>
<td>4._____Addition to Residence</td>
</tr>
<tr>
<td>5._____Remodeling or Renovation of existing structure</td>
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</tr>
<tr>
<td>6._____Garage</td>
<td>7.<em><strong><strong>Detached structure. Describe</strong></strong></em>__</td>
</tr>
</tbody>
</table>

FEE $60.00
$20.00 REINSPECTION FEE DUE FOR UNSATISFACTORY INSPECTIONS

Plumbing Contractors name:________________________________ ______________________________________

Address:___________________________________________ Phone:___________________

NH License Number:_________________________ Expiration Date:_____________________________

DESCRIPTION OF PROPOSED CONSTRUCTION:
___________________________________________________ _____________________________

___________________________________________________ ____________________

___________________________________________________ ______________________

**SIGNATURE OF THE PERSON PERFORMING THE PLUMBING WORK IS REQUIRED PRIOR TO PERMIT BEING ISSUED. APPLICATION MUST BE PRESENTED IN PERSON BY APPLICANT.

Signature:_____________________________________________ Date:____________________

(Plumber as the Owner’s Authorized Agent*) Signed under penalty of unsworn falsification pursuant to RSA 641:3

*NOTE to Signature of Authorized Agent: I have been authorized by the owner to make application as his authorized agent and we agree to conform to all applicable laws of this jurisdiction.

ACTION BY CODE OFFICIAL

Approved:_________ Disapproved:_________ Referred to:_________

Building Inspector/Code Compliance Officer:_________________________________________________

Date: ________________________________

REV: 7/24/08 WEH