

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.

TYPE OF SERVICE

- 1. _____ Complete new system
- 2. _____ Addition to building
- 3. _____ Fixture upgrade
- 4. _____ Repiping of existing

TYPE OF BUILDING

- 1. _____ New Residence
- 2. _____ New Non-Residential Building
- 3. _____ Existing Residence
- 4. _____ Addition to Residence
- 5. _____ Remodeling or Renovation of existing structure
- 6. _____ Garage
- 7. _____ Detached structure. Describe _____

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.

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ACTION BY CODE OFFICIAL

Approved: _____ Disapproved: _____ Referred to: _____

Building Inspector/Code Compliance Officer: _____

Date: _____