



# PLUMBING PERMIT

TOWN OF EXETER  
BUILDING DEPARTMENT  
10 FRONT STREET  
EXETER, NH 03833

PH: 603-773-6112 FAX: 603-772-4709

DATE: \_\_\_\_\_

PERMIT #: \_\_\_\_\_

BLDG PERM #: \_\_\_\_\_

CONTRACTOR NAME: \_\_\_\_\_

CONTRACTOR LICENSE NO. \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

CONTRACTOR ADDRESS: \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CONTRACTOR PH: \_\_\_\_\_ EMAIL \_\_\_\_\_

OWNER NAME: \_\_\_\_\_ PH: \_\_\_\_\_

SITE ADDRESS: \_\_\_\_\_ TYPE OF BUILDING: \_\_\_\_\_ USED AS: \_\_\_\_\_

(CIRCLE ONE)      NEW                      ALTERATION                      REPAIR                      ADDITION

<u>TYPE</u>	<u>NUMBER</u>	<u>DESCRIPTION</u>
STACKS	_____	_____
SINKS	_____	_____
BATHS	_____	_____
WATER CLOSET	_____	_____
LAVATORY	_____	_____
TANK & HEATER	_____	_____
LAUNDRY TRAY	_____	_____
WATER DISTRIBUTION	_____	_____
FLOOR DRAINS	_____	_____
SEWAGE EJECTOR	_____	_____
FOUNTAIN (DRINKING)	_____	_____
SUMP	_____	_____
SHOWERS	_____	_____
URINAL	_____	_____
CATCH BASIN	_____	_____
DISHWASHER	_____	_____
HUMIDIFIER	_____	_____
GARBAGE DISPOSAL	_____	_____
WASHING MACHINE	_____	ESTIMATED COST: _____
SPECIAL WASTES	_____	APP FEE: _____ PERM FEE: _____
RAINWATER LEADERS	_____	TOTAL FEE: _____
MISC. FIXTURES	_____	(CIRCLE ONE) CASH OR CHK # _____ INIT. _____

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

\_\_\_\_\_  
Signature of Contractor or his Representative Making This Application

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Permit Clerk- Town of Exeter

\_\_\_\_\_  
Date