

Date\_\_\_\_\_

Permit No\_\_\_\_\_

Map/Lot\_\_\_\_\_

**TOWN OF NEW BOSTON  
BUILDING DEPARTMENT  
PO BOX 250  
NEW BOSTON, NH 03070  
PH. 603-487-5504 ext150  
Fax 603-487-2975**

**CONTACT INFORMATION**

Tuesday and Thursday 9am-4pm  
[building@newbostonnh.gov](mailto:building@newbostonnh.gov)

**APPLICATION FOR PLUMBING PERMIT**

Plumber's License:\_\_\_\_\_Expiration Date:\_\_\_\_\_

\*\*\*\*\***PLEASE PROVIDE A PHOTOCOPY OF CONTRACTORS LICENSE**\*\*\*\*\*

**Please print in ink or type all information**

**The undersigned applies for a permit to perform the plumbing work describe below:**

**Property Location** \_\_\_\_\_

**Owner or Tenant** \_\_\_\_\_

**Owner's Address** \_\_\_\_\_

Is this permit in conjunction with a building permit? Yes ☐ No ☐

Type of work ☐ New work ☐ replacement ☐ extension of old work

**Permit must be obtained before work is started and notice given to Inspector when ready for water or air test and again when finish work is completed.**

**DESCRIBE WORK TO BE PERFORMED**

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Plumber's Signature: \_\_\_\_\_Date:\_\_\_\_\_

Plumber's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_Cell Phone\_\_\_\_\_

Email \_\_\_\_\_

Building Inspector's or Designee's Signature:

\_\_\_\_\_Date\_\_\_\_\_