



**TOWN OF NEW BOSTON
BUILDING DEPARTMENT
PO BOX 250
NEW BOSTON, NH 03070
PH. 603-487-2500 Ext 150
FAX 603-487-2975**
Tuesday and Thursday 9am-4pm
building@newbostonnh.gov

APPLICATION FOR POOL PERMIT

Date: _____ Permit#: _____ Map/Lot: _____

INSTALLER SHALL CONTACT THE INSPECTOR FOR THE DAY THEY WISH TO HAVE THE INSPECTION BASED ON THE ABOVE SCHEDULE ABOVE

Please print in ink or type all information

The undersigned applies for a permit to perform the mechanical work described below.

Job Site Location: _____

Owner or Tenant _____ Phone _____ Email: _____

Owner's Address _____

Description of Pool Type: DESCRIBE SITE PLAN ON ATTACHED PLAN (PLOT PLAN)

In Ground Pool (\$150.00 includes electrical fee)

Above Ground Pool (\$100.00 includes electrical fee)

*******Separate Permits are required for Electrical and Mechanical*******

Pool Installer (information):

Contractor's Signature: _____ Date: _____

Contractor's Name: _____

Address _____

Phone _____ Cell Phone _____

Email _____

Building Inspector or Designee's Signature: _____ Date _____