MERRIMACK FIRE DEPARTMENT
BUILDING DIVISION

PLUMBING PERMIT

RESIDENTIAL ONLY
BLDG - FRM - 004

Tax Map
Parcel
_____
Permit Fee: _____
Total $ _____
☐ Paid with Permit
☐ Cash
☐ Check # _____
Official Use Only

Location: _____
Owner: _____ Phone # _____

Description of Work: _____
☐ See attached documents/ plans _____

☐ Town Sewer ☐ Public Water ☐ Private Well ☐ Septic
☐ Sewer Connection (within Property Lines) ☐ Sewer Repair (Within Property Lines ☐ Ejector Pump
☐ Other _____

Specific Appliance (Check All that apply)

☐ Water Closets _____ ☐ Lavatories _____ ☐ Sinks _____
☐ Hand Sink _____ ☐ Showers _____ ☐ Floor Drains _____
☐ Water Softener _____ ☐ Urinals _____ ☐ Irrigation System _____
☐ Utility Sink _____ ☐ Disposals _____ ☐ ADA _____
☐ Water Heater - Type _____ Make _____ Model # _____
☐ _____

Plumber: _____
Address: _____
City _____ ST _____ Zip _____

NH Plumber's License # _____
Contact Phone #: _____
Signature _____

Inspection of all Waste, Drain and Vent pipe Required - All Piping Min Air Test to 5 PSI
****** 24 HOUR NOTICE REQUIRED FOR INSPECTION ******
(603)-420-1730

❒ I Certify that I have authorization from the property owner listed above, and will be installing all the work according to the state of NH adopted plumbing codes.

_____
Signature of Applicant

❒ I Certify that I am the Owner of the property owner listed above, and will be installing all the work according to the state of NH adopted plumbing codes.

_____
Signature of Owner

APPROVED BY : _____ _____
Authorized Signature Date

Revised 07/14/2014

IT IS YOUR RESPONSIBILTY
CALL DIG SAFE (888) 344-7233 IT'S THE LAW