



MERRIMACK FIRE DEPARTMENT
BUILDING DIVISION
PLUMBING PERMIT
BLD - FRM -009

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

Location: _____

Property Owner: _____ Phone # _____

Description of Work: ☐ Commercial ☐ Industrial ☐ Residential

☐ See attached Documents/ Plans

- ☐ Town Sewer ☐ Septic ☐ Public Water ☐ Private Well Water Heater Replacement
☐ Water Closets _____ ☐ Lavatories _____ ☐ Sinks _____ ☐ Electric
☐ Hand Sink _____ ☐ 3 Bay Sink _____ ☐ Prep Sinks _____ ☐ Oil fired
☐ Drinking Fountain _____ ☐ Utility/ Mop Sink _____
☐ Grease Interceptor _____ ☐ Sewer Connection (within Property Lines) ☐ Sewer Repair

Applicant: _____
Address: _____
City _____ ST _____ Zip _____
e-mail _____

NH Plumber's License# _____
Contact Phone #: _____
Signature _____
* Provide current NH Plumbing license with Photo ID

Inspection of all sanitary waste, vents and drains are required after all piping is in place. (Air Tested to 3 – 5 PSI)

**** **24 HOUR NOTICE IS REQUIRED FOR INSPECTION** ****

(603)-420-1730

*Please be advised that the work described above may require other NH licensed professions, permits, and inspections.
It's the applicant's responsibility to obtain any and all associated permits required for code compliance.*

☐ I Certify that I have the authority to sign for the property owner listed above and will be installing all the work according to the state of NH adopted building codes **and will call for required inspections.**

☐ I Certify that I am the owner of the property listed above and will be installing all the work according to the state of NH adopted building codes **and will call for required inspections.**

Signature of Applicant

Signature of Owner

APPROVED BY: _____
Authorized Signature Date

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