



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    ☐ Residential  
  
☐ See attached Documents/ Plans

- ☐ Town Sewer      ☐ Public Water      ☐ Private Well      ☐ Septic  
☐ Water Closets \_\_\_\_\_ ☐ Lavatories \_\_\_\_\_ ☐ Sinks \_\_\_\_\_ ☐ Urinals \_\_\_\_\_  
☐ Hand Sink \_\_\_\_\_ ☐ 3 Bay Sink \_\_\_\_\_ ☐ Floor Drains \_\_\_\_\_ Water Heater Replacement  
☐ Drinking Fountain \_\_\_\_\_ Utility Sink \_\_\_\_\_ ☐ Disposals \_\_\_\_\_ ☐ Gas    ☐ Electric  
☐ Grease Interceptor \_\_\_\_\_ ☐ Oil fired  
☐ Sewer Connection (within Property Lines)    ☐ Sewer Repair (within Property Lines)

Installer: _____ Address: _____ City _____ ST _____ Zip _____ e-mail _____	NH Plumber's License# _____ Contact Phone #: _____ Signature _____ * Provide appropriate current NH license with Photo ID
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Inspection of all sanitary waste, vents and drains is 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 under this permit may involve other trade professionals,  
It is the applicant's responsibility to comply with all code requirements and installations, to Final Inspection.*

- ☐ 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 all required Inspections.**
- ☐ I Certify that I am the owner and occupy the property listed above per NH RSA 153:36.VII(c), I will be installing all the plumbing myself, in accordance to the state of NH adopted building codes and town regulations **and agree to call for all required Rough-in and Final 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