



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

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

Location: _____

Property Owner: _____ Phone # _____

Description of Work: ☐ Commercial ☐ Residential

☐ See attached Documents/ Plans

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Town Sewer | <input type="checkbox"/> Public Water | <input type="checkbox"/> Private Well | <input type="checkbox"/> Septic |
| <input type="checkbox"/> Water Closets _____ | <input type="checkbox"/> Lavatories _____ | <input type="checkbox"/> Sinks _____ | <input type="checkbox"/> Urinals _____ |
| <input type="checkbox"/> Hand Sink _____ | <input type="checkbox"/> 3 Bay Sink _____ | <input type="checkbox"/> Floor Drains _____ | <u>Water Heater Replacement</u> |
| <input type="checkbox"/> Drinking Fountain _____ | <input type="checkbox"/> Utility Sink _____ | <input type="checkbox"/> Disposals _____ | <input type="checkbox"/> Electric |
| <input type="checkbox"/> Grease Interceptor _____ | | | <input type="checkbox"/> Oil fired |
| <input type="checkbox"/> Sewer Connection (within Property Lines) | <input type="checkbox"/> Sewer Repair (within Property Lines) | | |

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

NH Plumber's License# _____ ☐ Lic Copy
Contact Phone #: _____ ☐ Photo ID
Signature _____
*Provide a printed copy of current NH Plumbing license with Photo ID

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