



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 _____ 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

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