



# Plumbing Permit

TOWN OF WEARE BUILDING DEPARTMENT  
 5 Flanders Memorial Road • Weare, New Hampshire 03281  
 Ph. 603-529-7586

|                      |            |
|----------------------|------------|
| Office Use Only      |            |
| Map: _____           | Lot: _____ |
| Date received: _____ |            |
| Permit #: _____      |            |
| Cash/ Check #: _____ |            |

CONTRACTOR LICENSE NO. \_\_\_\_\_  
 LOCATION \_\_\_\_\_  
 OWNER \_\_\_\_\_  
 KIND OF BUILDING \_\_\_\_\_ USED AS \_\_\_\_\_  
 TO BE COMPLETED ABOUT \_\_\_\_\_ ESTIMATED COST \$ \_\_\_\_\_

NEW - ALTERATION - REPAIR - ADDITION (CIRCLE ONE)

| Type of Equipment         | Quantity |
|---------------------------|----------|
| Stacks                    |          |
| Sinks                     |          |
| Baths                     |          |
| Water closet              |          |
| Lavatory                  |          |
| Tank and Heater           |          |
| Laundry Tray              |          |
| Water Distribution System |          |
| Floor Drains              |          |
| Sewage Ejector            |          |
| Fountain (Drinking)       |          |
| Sump                      |          |
| Showers                   |          |
| Urinal                    |          |
| Catch Basin               |          |
| Dishwasher                |          |
| Humidifier                |          |
| Garbage Grinder           |          |
| Washing Machine           |          |
| Special Wastes            |          |
| Other                     |          |
|                           |          |
|                           |          |

Contractors Information:

|                                     |               |
|-------------------------------------|---------------|
| Name:                               | Email:        |
| Address:                            | Phone Number: |
| City: _____ State: _____ Zip: _____ |               |

READY FOR INSPECTION ON \_\_\_\_\_ APPLICANT CERTIFIES THAT ALL INFORMATION GIVEN IS CORRECT AND THAT ALL PERTINENT PLUMBING ORDINANCES WILL BE COMPLIED WITH IN PERFORMING THE WORK FOR WHICH THIS PERMIT IS ISSUED.

\_\_\_\_\_  
 SIGNATURE OF CONTRACTOR OR HIS AUTHORIZED REPRESENTATIVE MAKING APPLICATION

\_\_\_\_\_  
 SIGNATURE OF PERMIT CLERK