

Town of Belmont Building Department Building Official

Plumbing Permit Application

Owner/Tenant:		Date:	
Street/Work Address:		Map/Lot#	
Owner Phone:		Permit #	
Owner E-mail:		Estimated Cost:	
Building Type: SFR - Multi Unit - MFG - Mod - Comm.		Estimated Completion Date:	
Work Type: New – Alteration – Repair – Addition			
Item	Number		
Vent Stacks		Name:	
Sinks	Contractor	Tvarie.	
Baths	Address:		
***	- C'		
Water Closet	City:	State: Zip Code:	
Lavatory	Phone #	Phone #	
Water Heater			
Laundry Tray	Contractor License #		
Water Distribution System	Email Address:		
Floor Drains	Email Add	Elliali Address:	
Sewage Ejector	Contact Building Inspector to schedule REQUIRED Inspection at		
Drinking Fountain	603-267-8	- 603-267-8300 ext. 111	
Sump Pump	003-201-0	500 CAL 111	
Shower	Applicant	certifies that all information given is correct and that	
Urinal		ent plumbing codes, standards, and practices will be	
Dishwasher		with in performing the work for which this permit	
Humidifier	is issued.		
Dehumidifier			
Garbage Disposal			
Washing Machine	Printed Name	& Signature of Property Owner or their Authorized Representative	
Special Waste			
Other	Printed Nam	e & Signature of Contractor or their Authorized Representative	
	Signature of	Building Official	
Permit Fee Due \$75.00 *AFTER THE FACT PERMIT FEES ARE DOUBLED*			
Office Use Only: (Circle One) License # in System Yes No			
Received By:			
Amount:			
Date:	Payment Method: Check # Cash Other		