



TOWN OF BELMONT

BUILDING DEPARTMENT

BUILDING OFFICIAL

Plumbing Permit Application

Owner/Tenant:	Date:
Street/Work Address:	Map/Lot #:
Mailing Address:	Permit #:
City, State, Zip:	Estimated Cost:
Building Type: SFR - Multi Unit - MFG - Mod - Comm	Estimated Completion Date:
Work Type: New - Alteration - Repair - Addition	

Item	Number
Vent Stacks	
Sinks	
Baths	
Water Closet	
Lavatory	
Water Heater	
Laundry Tray	
Water Distribution System	
Floor Drains	
Sewage Ejector	
Drinking Fountain	
Sump Pump	
Shower	
Urinal	
Dishwasher	
Humidifier	
De-Humidifier	
Garbage Disposal	
Washing Machine	
Special Waste	
Other	

Contractor Name _____

Address _____

City _____ State _____ Zip Code _____

Phone # _____

Contractor License # _____

Email Address _____

Contact Building Inspector to schedule an Inspection at 267-8300 Ext. 111

Applicant certifies that all information given is correct and that all pertinent plumbing codes, standards and practices will be complied with in performing the work for which this permit is issued.

Printed Name & Signature of Property Owner or their Authorized Representative

Printed Name & Signature of Contractor or their Authorized Representative

Signature of Building Official

Permit Fee Due \$50.00

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 _____