



# 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 REQUIRED Inspection at 267-8300 x 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\*

<b>OFFICE USE ONLY:</b>	(Circle One) License # In System	Yes	No
Received By:			
Amount:			
Date:	Payment Method: Check # _____	Cash _____	Other _____