



TOWN OF BELMONT

BUILDING DEPARTMENT

BUILDING OFFICIAL

Plumbing Permit Application

Unit Owner _____

Location of Work _____

Type of Building: SFR. Multi-Unit MFG. Mod. Com.

Estimated Completion Date _____

Type of Work: New - Alteration - Repair - Addition

Date _____

Map/Lot No. _____

Permit No. _____

Used As _____

Estimated Cost _____

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	

Contractor Name _____

Address _____

City _____ State _____ Zip Code _____

Phone # _____

Contractor License No. _____

Contact Building Inspector to schedule an Inspection. 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 which this permit is issued.

Printed Name & Signature of Property Owner

Printed Name & Signature of Contractor or his/her Authorized Representative making Application

Signature of Permit Clerk

Permit Fee Due **\$50.00**

AFTER THE FACT PERMIT FEES ARE DOUBLED

OFFICE USE ONLY

Received By: _____ (Circle One) In System Yes No

Amount: _____

Date: _____

Payment method: Check No. _____ Cash _____ Other _____