PLUMBING PERMIT APPLICATION

Town of Fitzwilliam
PO Box 725 13 Templeton Turnpike
Fitzwilliam, NH 03447
Building Department (603) 552-6862
buildfitzwilliam@gmail.com

Issue Date_____
Permit #_____
(This area is for office use only)

Map #_____
Lot # _____
Sub lot #_____

☐ COMMERCIAL ☐ RESIDENTIAL

Owner:_____

Location (Street #, Street Name):_____

Street Address (if different from above)**:**_____

City: _____ State: _____Zip:_____

Telephone: _____ Cell Phone _____

Email:_____

Contractor:_____

Address:_____

City: _____State: _____Zip:_____

Telephone: _____ Cell Phone: _____

Email:_____

License # :_____ **License expiration date:**_____

DESCRIPTION OF WORK TO BE PERFORMED:

_____

_____

_____

The undersigned hereby applies for a permit to install electrical in compliance with RSA 155-A and the newest National Plumbing Code

_____ _____
Signature of Owner or Contractor Date

Approved by: _____ _____
Leon Genre, Building Inspector Date