



Town of Pittsfield

Building Department

P.O. Box 98 ~ 85 Main Street, Pittsfield NH 03263

office (603) 435-6773x14 ~ cell (603) 715-6624 ~ fax (603) 435-7922 ~ email jpacheco@pittsfieldnh.gov

PLUMBING PERMIT APPLICATION

Date: _____ Map: _____ Lot: _____
 Owner's Name _____ Owner's Telephone _____

Location: _____

Check one of the following from each column to indicate proposed construction or use or property.

Type of Service	Type of Building
_____ Re-pipe	_____ New residence
_____ Fixture upgrade	_____ New non-residential addition
_____ Appliance Installation	_____ Addition to residence
_____ Heating System	_____ Existing residence
_____ _____	_____ Garage
_____ _____	_____ Shed
	_____ Remodeling or renovation of existing structure

Contractor _____ E-mail _____

Address: _____ Cell Phone # _____

NH License Number: _____ Expiration Date: _____

Statement of proposed construction: _____

Signature: _____ Date: _____
Property Owner

Signature: _____ Date: _____
Plumbing Contractor

All Plumbing Installations Must be Inspected Call : 435-6773 ext 14

For Department Use Only:

Approved By: _____ Date: _____

Permit # _____ Permit Fee _____