



PLUMBING Permit Application

TOWN OF GILMANTON

For Office Use- Date Received:

Amount Paid \$_____

Cash or Check #_____

JOB SITE INFORMATION AND LOCATION

Street Address:

Tax Map / Lot#

Zone:

Historic District:

DESCRIPTION OF WORK

PROPERTY OWNER

Name:

Address:

City/State/Zip:

Phone: ()

Cell: ()

Email:

☐ APPLICANT

☐ CONTACT PERSON

Business Name:

Contact Name:

Address:

City/State/Zip:

Phone: ()

Cell: ()

Email:

PLUMBER

Business Name:

Address:

City/State/Zip:

Phone: ()

Cell: ()

Email:

I CERTIFY THAT THE INFORMATION GIVEN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Authorized signature

Date:

TYPE OF WORK

☐ New Construction

☐ Relocation of existing

☐ Replacement of existing

☐ Other: _____

Valuation of work: \$ _____

CONSTRUCTION CATEGORY

☐ One & Two Family Dwelling

☐ Condominium

☐ Commercial/Industrial

☐ Multi-family Dwelling

☐ Accessory/Outbuilding

☐ ADU

☐ MH

☐ Foundation

☐ Other: _____

Additional Approvals or Permits

Planning Board: _____

Zoning Board: _____

Historic District: _____

Driveway: _____

DES: _____

Electrical: _____