



Town of Alton Plumbing Permit

Building Department PO Box 659 1 Monument Square Alton, NH 03809
Phone 603-875-2164 Fax 603-651-0732

TAX MAP #

LOT #

FEE \$

PERMIT # _____

The undersigned hereby applies for a permit to do plumbing work as described below. (Plans to be submitted if required by the Building Official.) All plumbing work to be completed in accordance with the BOCA Plumbing Code and State of New Hampshire Regulations

OWNER: _____ LOCATION: _____

CONTRACTOR: _____ LICENSE # _____ PHONE # _____

TYPE OF BUILDING: Residential Commercial Other:

NATURE OF WORK: New Alterations Repair & Replacement Other:

IS THIS WORK CREATING ANY ADDITION LIVING UNITS OR ADDITIONAL USES? YES NO

Type	HOW MANY?	Type	HOW MANY?
Water Closets		Sinks	
Showers /Bath Tubs		Tank & Heater	
Dishwashers		Other	

DESCRIPTION OF WORK: _____

Signature of Applicant or Agent: _____ Date: _____

Signature of Building Official: _____ Date: _____

Contact 603-875-2164 to schedule inspections
A minimum of 48-hour notice is required when scheduling.