

Town of Moultonborough Plumbing Permit

Date _____
Permit No. _____
Bldg. Permit _____

License No. _____

Location _____ Map _____ Lot _____

Owner _____

Kind of Bldg. _____ Used As _____

To Be Completed About _____ Estimated Cost \$ _____

Old/New Bldg. No. _____

Type	Number	Fee
Stacks		
Sinks		
Baths		
Water Closet		
Lavatory		
Tank and Heater		
Laundry Tray		
Floor Drains		
Sewage Ejector		
Sump		
Shower		
Urinal		
Dishwashing Machine		
Humidifier		
Garbage Grinder		
Washing Machine		
Miscellaneous Fixtures		

Total Fee _____

Contractor's Name and Address _____

City _____ State _____ Phone # _____

Contact Inspector when ready for inspection at 603-476-2347.

APPLICANT CERTIFIES THAT ALL INFORMATION GIVEN IS CORRECT AND THAT ALL PERTINENT CITY ORDINANCES WILL BE COMPLIED WITH IN PERFORMING THE WORK FOR WHICH THIS PERMIT IS ISSUED

Signature of contractor or Authorized Rep.

Signature of Permit Clerk