



Town of Pittsfield

Building Department

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

pittsfieldbi@metrocast.net ~ telephone (603) 435-6773 ~ fax (603) 435-7922

Application for Plumbing Permit

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 |
|--------------------------------|--|
| 1 _____ Re-pipe | _____ New residence |
| 2 _____ Fixture upgrade | _____ New non-residential addition |
| 3 _____ Appliance Installation | _____ Addition to residence |
| 4 _____ Heating System | _____ Existing residence |
| 5 _____ | _____ Garage |
| 6 _____ | _____ Shed |
| | _____ Remodeling or renovation of existing structure |

Contractor's Name _____ E-mail _____
Address: _____ Cell Phone # _____
NH License Number: _____ Expiration Date: _____
Statement of proposed construction: _____

SIGNATURES OF PROPERTY OWNER AND PLUMBING CONTRACTOR REQUIRED PRIOR TO PERMIT BEING ISSUED

Signature: _____ Date: _____
Property Owner

Signature: _____ Date: _____
Plumbing Contractor

For Department Use Only:

Approved By: _____ Date: _____