

Town of Kingston
163 Main Street
P. O. Box 716
Kingston, N. H. 03848
(603) 642-3342 Fax: (603) 642-4108



Map _____
Lot _____
Date _____

APPLICATION FOR
PLUMBING PERMIT

Site Location (street address): _____

Owner Name: _____ Phone: _____

Owner Address: _____

Contractor: _____ Phone: _____

Cell Phone: _____

Contractor Address: _____

NH License: _____ *(Please produce your license to be photostated)*

☐ Residential ☐ Commercial ☐ Industrial ☐ Other _____

☐ New Construction ☐ Alteration / Repair

Work to be Done:

Sinks: _____ Floor Drains: _____ Urinals: _____ Toilets: _____

Baths: _____ Sewage Ejector: _____ Dishwashers: _____

Lavatories: _____ Fountains: _____ Disposals: _____

Tank & Heater: _____ Showers: _____ Washing Machines: _____ Other: _____

Solar / Geothermal: _____

Describe Work to be Done:

The Applicant certifies that all information given is correct and that all pertinent ordinances and codes will be complied with in performing the work for which this permit is issued.

Contractor

Permit Clerk

Tax Map
Lot
Fee

