

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: _____
Baths: _____ Sewage Ejector: _____ Dishwashers: _____
Lavatories: _____ Fountains: _____ Disposals: _____
Tank & Heater: _____ Showers: _____ Washing Machines: _____ Other: _____
Solar / Geothermal: _____

Describe Work to be Done:

When ready for inspection, call Inspector Bob Denomme at 642-8498.

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