

Permit Number: \_\_\_\_\_

# TOWN OF HILLSBOROUGH PLUMBING PERMIT APPLICATION

## INSTRUCTIONS

Please return the completed application form, supporting documentation, and application fee to:

Town of Hillsborough  
27 School Street  
P.O. Box 7  
Hillsborough, NH 03244  
Phone: (603) 464-3877 ext. 259 / Fax: (603) 464-4270

## APPLICANT/PLUMBER

Name: \_\_\_\_\_  
Last First MI

Mailing Address: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_ License #: \_\_\_\_\_

*We also require photocopies of the plumber's trade license and driver's license.*

## JOB DESCRIPTION:

\_\_\_\_\_

PROPERTY INFORMATION Map Number: \_\_\_\_\_ Lot Number: \_\_\_\_\_

Location (include street address and directions): \_\_\_\_\_

\_\_\_\_\_

## OWNER OF RECORD

Name: \_\_\_\_\_  
Last First MI

Mailing Address: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_

**Application Fee** (if there is no existing building permit): \$25 for residential and \$50 for commercial

**I hereby certify that to the best of my knowledge this proposal complies with all applicable local, state and federal regulations and I understand that noncompliance with any applicable regulation may result in the revocation of this permit, if issued. I am aware that the additional fees may be due prior to issuance of the permit.**

Application Fee Paid: \$ \_\_\_\_\_ Signature of Plumber: \_\_\_\_\_

## **ACTION OF THE BUILDING INSPECTOR**

\_\_\_\_\_ Approved Conditions: \_\_\_\_\_

\_\_\_\_\_ Denied Reason: \_\_\_\_\_

Date: \_\_\_\_\_

Hillsborough Building Inspector