

# Town of Hampton

# Application for Plumbing Permit

BUILDING ADDRESS \_\_\_\_\_ UNIT # \_\_\_\_\_ Map/Lot Number \_\_\_\_\_ - \_\_\_\_\_ Zone \_\_\_\_\_

BUILDING OWNER \_\_\_\_\_ Phone \_\_\_\_\_

STREET \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

CONTRACTOR \_\_\_\_\_ Phone \_\_\_\_\_

STREET \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

LICENSE #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**TYPE OF CONSTRUCTION:** NEW \_\_\_\_\_ REMODEL \_\_\_\_\_ ADDITION \_\_\_\_\_ ALTERATIONS \_\_\_\_\_

**DESCRIPTION OF PROPERTY:**

Commercial     Single Dwelling Unit     Duplex (Two dwelling units in one or more buildings)     Multi-family  
(Three or more dwelling units in one or more buildings)

DESCRIPTION OF WHAT YOU PLAN TO DO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NUMBER OF BATHROOMS: Full Bath \_\_\_\_\_ Three-Quarter Bath \_\_\_\_\_ Half Bath \_\_\_\_\_

SEWER CONNECTIONS: Municipal Sewer \_\_\_\_\_ Private Septic \_\_\_\_\_

**WHERE THE PERMIT SHOULD BE MAILED?** \_\_\_\_\_ Owner \_\_\_\_\_ Contractor

**Processing Fee \$35 plus \$5 per thousand (or any part of a thousand) of value of construction to be submitted with application.**

**Value of Construction:**

I hereby certify, under penalty of perjury, that all statements given hereon are truthful and accurate, and that the cost of construction, alteration or remodeling (**including labor and materials**) is: \$ \_\_\_\_\_

I agree to comply with the Town of Hampton's Building and Zoning Ordinance and all work will be constructed in accordance with the New Hampshire State Building Code, and related Codes as adopted, and in accordance with the plans submitted.

I, The Applicant, do also hereby certify that the above project shall not in any way violate any deed restrictions, right of way, or easements applicable to the property and that I, the Applicant, for myself and my heirs, successors and assigns, do hereby agree to indemnify and hold the Town of Hampton harmless in the event any such restrictions, rights of way, or easements are violated by this project.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

PLEASE PRINT NAME: \_\_\_\_\_

**FOR DEPARTMENTAL USE ONLY**

FEE \$ \_\_\_\_\_  Cash \_\_\_\_\_  Check # \_\_\_\_\_

Licensed checked Yes  \_\_\_\_\_ No  \_\_\_\_\_

APPLICATION APPROVED (Building Official) \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_