



TOWN OF BELMONT

BUILDING DEPARTMENT

BUILDING OFFICIAL

Plumbing Permit Application

Date _____
 Unit Owner _____
 Map/Lot No. _____
 Location of Work _____
 Permit No. _____
 Type of Building: SFR. Multi-Unit MFG. Mod. Com. Used As _____
 Estimated Completion Date _____ Estimated Cost _____
 Type of Work: New - Alteration - Repair - Addition

Item	Number
Vent Stacks	
Sinks	
Baths	
Water Closet	
Lavatory	
Water Heater	
Laundry Tray	
Water Distribution System	
Floor Drains	
Sewage Ejector	
Drinking Fountain	
Sump Pump	
Shower	
Urinal	
Dishwasher	
Humidifier	
De-Humidifier	
Garbage Disposal	
Washing Machine	
Special Waste	

Contractor Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone # _____
 Contractor License No. _____

Contact Building Inspector to schedule an Inspection. 267-8300 Ext. 111

Applicant certifies that all information given is correct and that all pertinent Plumbing codes, standards and practices will be complied with in performing the work which this permit is issued.

 Printed Name & Signature of Property Owner

 Printed Name & Signature of Contractor or his/her Authorized Representative making Application

 Signature of Permit Clerk

Permit Fee Due \$25.00

AFTER THE FACT PERMIT FEES ARE DOUBLED

OFFICE USE ONLY
 Received By: _____ (Circle One) In System Yes No
 Amount: _____
 Date: _____
 Payment method: Check No. _____ Cash _____ Other _____