



TOWN OF BELMONT

BUILDING DEPARTMENT

BUILDING OFFICIAL

Plumbing Permit Application

Unit Owner _____ Date _____

Location of Work _____ Map/Lot No. _____

Type of Building SFR. Multi-Unit MFG. Mod. Com. Permit No. _____

Estimated Completion Date _____ Used As _____

Type of Work New - Alteration - Repair - Addition Estimated Cost _____

| 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. 11

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 _____