

Date Rcvd: _____
Ck #: _____ / Cash/CC
Receipt #: _____
Mail / Pick-up



PLUMBING

Permit # _____
Permit Fee \$ _____

TOWN OF SEABROOK, NH APPLICATION FOR PLUMBING PERMIT

Application must be in ink and legible

Project Address: _____
Tax Map: _____ Lot: _____ Seq.: _____ Zoning District: _____
Property Owner: _____ Tele #: _____ E-mail: _____
Address: _____
Licensed NH Master Plumber: _____ License #: _____ (Copy of Photo ID/License Required)
Address: _____ Tele #: _____ E-mail: _____

DESCRIPTION OF WORK Commercial _____ Residential _____

Residential Permit Fee: \$25.00 Plus \$6.00 per thousand of the estimated cost, or any part thereof
Commercial Permit Fee: \$50.00 Plus \$6.00 per thousand of the estimated cost, or any part thereof

- I hereby certify, under penalties of perjury, that the estimated cost of the above listed work, including all labor and materials is \$ _____.
- I hereby certify that all plans and construction will comply with all Town of Seabrook and State of NH codes, ordinances, and regulations and that the project will be accessible for any and all inspections pertaining to this application.

➤ **Signature of Plumber:** _____ **Date:** _____

➤ **Approved:** _____ **Date:** _____
Town of Seabrook

TO SCHEDULE AN INSPECTION CALL (603) 474-3871 (24 HOUR NOTICE REQUIRED)