

Date received: _____

PLUMBING

Check #: _____

Permit # _____

Permit Fee \$ _____

**SEABROOK BEACH VILLAGE DISTRICT P.O. BOX 2660 SEABROOK, NH 03874
APPLICATION FOR PLUMBING PERMIT**

Project Address: _____

Tax Map: _____ Lot: _____ Seq: _____ Zone: _____

Property Owner: _____ Phone: _____ E-mail: _____

Address: _____

Plumber: _____ License # _____

Address: _____ Phone : _____ E-mail: _____

DESCRIPTION OF WORK	Residential _____	Commercial _____

Permit Fee: \$40.00 plus \$10.00 per thousand of the estimated cost. All fees paid by check. Any returned checks will be charges a \$20.00 handling fee.

- 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 Seabrook Beach Village District 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:** _____

Building Official

REQUESTS FOR INSPECTIONS MUST BE DONE 24 HOURS IN ADVANCE, CALL 603-474-7029