

Date Rcvd: _____
Ck #: _____ / Cash
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 PREFERRED)