



TOWN OF SOUTH HAMPTON APPLICATION FOR A PERMIT TO PERFORM PLUMBING WORK

P
TYPE OR
PRINT
CLEARLY

JOB LOCATION _____ DATE _____ PERMIT # _____

OWNER'S NAME _____ EMAIL _____

OWNER ADDRESS _____ TEL _____ FAX _____

OCCUPANCY TYPE RESIDENTIAL EDUCATIONAL COMMERCIAL

NEW: RENOVATION: REPLACEMENT: PLANS SUBMITTED: YES NO

FIXTURES	1 FLOOR→	BSM	1	2	3	<u>BELOW FOR OFFICE USE ONLY</u>
BATHTUB						Yes No
CROSS CONNECTION DEVICE						<u>THIS APPLICATION SERVES AS THE PERMIT</u>
DEDICATED SPECIAL WASTE SYSTEM						FEE: \$ _____ PERMIT # _____
DEDICATED GAS/OIL/SAND SYSTEM						
DEDICATED GREASE SYSTEM						Plan Review Notes
DEDICATED GRAY WATER SYSTEM						Inspection Notes
DEDICATED WATER RECYCLE SYSTEM						
DISHWASHER						
DRINKING FOUNTAIN						
FOOD DISPOSER						
FLOOR / AREA DRAIN						
INTERCEPTOR (INTERIOR)						
KITCHEN SINK						
LAVATORY						
ROOF DRAIN						
SHOWER STALL						
SERVICE / MOP SINK						
TOILET						
URINAL						
WASHING MACHINE CONNECTION						
WATER HEATER ALL TYPES						
WATER PIPING						
OTHER						

I hereby certify that all of the details and information I have submitted or entered regarding this application are true and accurate to the best of my knowledge and that all plumbing work and installations performed under the permit issued for this application will be in compliance with the State of New Hampshire and International Plumbing Code 2009 .

PLUMBER'S NAME _____ LICENSE # _____ SIGNATURE _____

MP _____ CORPORATION # _____ PARTNERSHIP # _____ LLC # _____

COMPANY NAME _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____ TEL _____

FAX _____ CELL _____ EMAIL _____