Permit #_____

Map/Lot_____

Res.___ Sm. Comm.___ Lrg. Comm.____

Fee Paid $_____ Cash__ Check__

TOWN OF OSSIPEE

Zoning Enforcement
55 Main Street, PO Box 67
Center Ossipee, NH 03814
Ph: (603) 539-4181 Fax: (603)539-4183
dsenecal@ossipee.org

PLUMBING PERMIT

The undersigned hereby applies for a permit to do plumbing work as described below. Plans to be submitted if required by the Building Official. All electrical work is to be completed in accordance with the **International Plumbing Code** and **State of New Hampshire Regulations**.

Owner:_____ Location:_____

Contractor:_____ License#:_____ Phone:_____

Type of Building: ____Residential ____Commercial ____Other_____

Nature of Work: ____New ____Alterations ____Repair/Replacement

Is this work creating any additional living units or additional uses? ____Yes ____No

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TYPE	#	TYPE	#	INSPECTION PROCESS
Water Closets		Stacks		Inspection required
Bath Tubs		Tank & Heater		Inspection required
Showers		Sewage Ejector		Inspection required
Urinals		Drinking Fountain		Rough-in
Lavatory		Sump		Rough-in
Dishwasher		Catch Basin		Rough-in
Washine Machine		Humidifier		Final-Upon completion
Sink		Garbage Disposal		Final-Upon completion
Laundry Tray		Special Wastes		Final-Upon completion
Other		Other		

Description of Work:_____

_____

_____

_____

_____

Signature of Applicant or Agent:_____ Date:_____

Signature of Building Official:_____ Date:_____

PLEASE CALL WHEN READY FOR AN INSPECTION – GIVE 24 HOURS NOTICE