



TOWN OF BRENTWOOD PLUMBING PERMIT

Site Location (street address): _____

Owner Name: _____ Phone: _____

Owner Address: _____

Contractor: _____

Contractor Address: _____

Contractor Phone #: _____

NH License: _____ (Please produce your license to be photostated)

- Residential Commercial Industrial Other _____
- New Construction Alteration / Repair

Work to be Done:

Sinks: _____ Floor Drains: _____ Urinals: _____
 Baths: _____ Sewage Ejector: _____ Dishwashers: _____
 Lavatories: _____ Toilets _____ Disposals: _____
 Tank & Heater: _____ Showers: _____ Washing Machines: _____ Other: _____

Describe Work to be Done:

Estimated Cost: \$ _____

Note: A check made payable to the "Town of Brentwood" must be submitted with the application. Application fee is \$50 +\$10 per fixture- max \$140. Any balance due must be paid prior to the permit being released to the applicant.

For inspection call 642-6400 ext. 18 Email kkaiser@brentwoodnh.gov

The Applicant certifies that all information given is correct and that all pertinent ordinances and codes will be complied with in performing the work for which this permit is issued.

Tax Map _____ Lot _____ Fee _____

Contractor Signature

Permit Approved: _____
Building Inspector

Date: _____ Permit # _____

Selectmen