



PLUMBING PERMIT

Town of Jaffrey

Building Inspector

(603) 532-7445

Fax (603) 532-7862

rdeschenes@townofjaffrey.com

Permit #: _____

Property Address: _____ Unit # _____ Map/Lot# _____

SERVICE INFORMATION

BUILDING USE/OCCUPANCY CLASS:

Residential: Single/Two-family _____ Condo/Townhouse _____ Mobile Home _____ Multi-family _____

Commercial / Industrial: Business / Tenant Name: _____

DETAILED SCOPE OF WORK : _____

Estimated Value of Improvement Work \$ _____

CHECK ALL THAT APPLY:

# Each	# Each	# Each	# Each
_____ <input type="checkbox"/> Sink, Kitchen	_____ <input type="checkbox"/> Sink, Bath	_____ <input type="checkbox"/> Shower	_____ <input type="checkbox"/> Lavatories
_____ <input type="checkbox"/> Tub & Shower	_____ <input type="checkbox"/> Hot Tub/Jacuzzi	_____ <input type="checkbox"/> Water Closet	_____ <input type="checkbox"/> Washing Machine
_____ <input type="checkbox"/> Sink/Other	_____ <input type="checkbox"/> Hot Water Heater	_____ <input type="checkbox"/> Boiler	_____ <input type="checkbox"/> Dishwasher
_____ <input type="checkbox"/> Shut Offs			

APPLICANT INFORMATION

Plumber: _____ License #: _____ Exp: _____

Company Name: _____ Company Phone: _____

Address: _____ City _____ State _____ Zip _____

Email: _____ Plumber Phone: _____

Signature: _____ Date: _____

Applicant must have Masters License. Declaration required for residing, single-family, property owners.

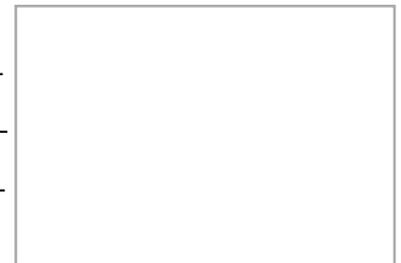
OWNER INFORMATION

Name: _____ Phone: _____

Address: _____

City _____ State _____ Zip _____

Email: _____



Town Use Only

Fee: \$ _____ Payment Information: Cash Check # _____ Credit Card

Approval: _____

Issue Date: _____

Town of Jaffrey Building Official

Permit #

Property Address: