

# TOWN OF New Castle, NEW HAMPSHIRE

## CODE ENFORCEMENT OFFICE

49 Main Street, PO Box 367, NEW HAMPSHIRE 03854-0367

TELEPHONE (603) 431-6710 x 5 FAX (603) 433-6198

EMAIL: [Buildinginspector@newcastlenh.org](mailto:Buildinginspector@newcastlenh.org)

### **CAUTION: PERMIT REQUIRED**

**Valid only if covered by permit**

Issue Date: \_\_\_\_\_

Permit#: \_\_\_\_\_

Map: \_\_\_\_\_

Lot: \_\_\_\_\_

Zone: \_\_\_\_\_



## PLUMBING PERMIT

Owner: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Address of Installation: \_\_\_\_\_

Name of Installer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Business Name: \_\_\_\_\_

License #: \_\_\_\_\_ Exp Date: \_\_\_\_\_

### **DESCRIPTION OF WORK TO BE PERFORMED**

☐ Single Family ☐ Modular ☐ Multi Family ☐ Other

☐ New Work

☐ Renovation / Relocation of Existing Plumbing

☐ Replacement of Existing Mechanical Appliance

☐ Hook-up to Private Septic System

☐ Hook-up to Public Sewage System

☐ Other: \_\_\_\_\_

All work being performed is to be in compliance with the International Plumbing Code as adopted by the State of New Hampshire and the New Castle Water & Sewer Ordinances.

Estimated Cost of Proposed Work \$ \_\_\_\_\_

Signature of Installer: \_\_\_\_\_ N.H.

Masters License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**(Permit Fee is based on a \$7.00 per \$1,000.00 of Construction Cost \*\* Please Round up to nearest thousand\*\*plus a \$25.00 application fee, minimum of \$50.00)**

**Please bring your current photo I.D. and your N.H. state plumbing license to the office before work begins.**

\_\_\_\_\_  
Building Inspector

\_\_\_\_\_  
Date