



Rindge Building Department  
30 Payson Hill Rd  
Rindge NH 03461  
Phone: 603-899-5181 Ex 109  
Fax: 603-899-2101  
buildingdept@town.rindge.nh.us

Map # \_\_\_\_\_  
Lot # \_\_\_\_\_  
Zoning: \_\_\_\_\_  
Date: \_\_\_\_\_

## PLUMBING PERMIT APPLICATION

**Location (Street # & Street Name):** \_\_\_\_\_

**Owner:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_ **Zip:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Email** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Contractor:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_ **Zip:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Master's Name:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_

**N.H. Master Plumbing License Number:** \_\_\_\_\_

**Email** \_\_\_\_\_

**Preferred Contact Method:** ☐ Telephone ☐ Cell ☐ Email

☐ Residential ☐ Commercial Is this work for a NEW LIVING UNIT? ☐ Yes ☐ No

FIXTURE	#	FIXTURE	#	FIXTURE	#
Water Distr. Syst.		Dishwasher - Res		Stacks	
Waste System		Garbage Disposal		Sinks	
Water Tank/Heater		Laundry Tray/ Wash Sink		W C / Toilet	
Floor Drains		Washing Machine		Lavatory	
Sewage Ejector		Special Wastes		Showers	
Drinking Fountain		Rainwater Leaders		Urinal	
Pump		Backflow Preventer		Other	
Sill Cocks		Bath Tub			

**Description of Work: (Use reverse side for Diagram if applicable)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Applicant Signature

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Date

Requirements for Permit Applications

1. All information must be printed legibly.
2. Owner name, address and phone number.
3. Location and address of work site.
4. Complete description of work to be done.
5. Number of fixtures, appliances and equipment to be installed.
6. Plans must be submitted on all new buildings and major renovations.

**Notes:**

The property owner of record may exercise their right to perform their own plumbing work on their residence if he or she lives at the residence and the residence is a Single Family Dwelling occupied by the owner of record

It is the responsibility of all contractors, electricians and plumbers to obtain the necessary permits from the Rindge Building Department Office at Rindge Town Office before ANY work has begun. Work must begin within six (6) months of the issuance of any permit.

**If this is an “After the Fact” permit, it will be subject to a fee described in the Official Building / Fire Fee Schedule.**

Plumbers must have a valid license from the State of New Hampshire to obtain a permit. Permits are not transferable.

It is the responsibility of the contractor to obtain all inspections required. A rough-in inspection is required before any work is covered, and a final inspection is required when all work is complete. A twenty-four (24) hour notice is required for any inspection.

*This signed application constitutes consent on the applicant's part to allow for all inspections at the property location listed.*

No permit will be issued until all of the above information is furnished, and all the above conditions met.

**INSPECTIONS REQUIRED:** (24 hour notice required)

1. When under slab piping has been installed.
2. When rough-in is complete and visible (Rough).
3. When job is complete, but before occupancy (Final).

Rindge Building Department Approval certifies that the applicant may proceed with installation of plumbing fixtures in accordance with specifications submitted. Any deviation from the specifications submitted will require an amendment to this permit or additional permits.

If you have any questions, feel free to contact the Building Department Office at (603) 899-5181 Ex 109.

**Statement of Compliance:**

I have read and understand the statement and hereby agree to all of the terms stated therein. I agree to abide by any and all codes relating to my field of work, including all national, state and local codes. I also realize that any false statement made in the application for permit may be grounds for revocation of said permit.

**\*\*\* When Applicable – Plans must be submitted to Rindge Building Department for Approval\*\*\***

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

~~~~~ (DO NOT WRITE IN THIS SPACE) ~~~~~

**Permit Fee:** \_\_\_\_\_

**Paid:** ☐ Cash \$ \_\_\_\_\_ ☐ Check # \_\_\_\_\_

Approved By  
Building Inspector: \_\_\_\_\_ Date: \_\_\_\_\_