



# Town of East Kingston, N.H.

## Plumbing Permit

Owner Name \_\_\_\_\_

Owner Address \_\_\_\_\_

Owner Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Site Address \_\_\_\_\_

Contractor \_\_\_\_\_

Contractor Address/Phone \_\_\_\_\_

NH License#: \_\_\_\_\_ (attach copy of valid license)

☐ 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: \_\_\_\_\_

Proposed Project: (describe in detail the work proposed – use another sheet if necessary)

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

Estimated Cost: \$ \_\_\_\_\_

Note: A check made payable to the "Town of East Kingston" must be submitted with the application. Application fee is \$50 plus \$10 per fixture with a maximum fee of \$140 Residential and \$200 Commercial. Any balance due must be paid prior to the permit being released to the applicant.

**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.**

Contractor Signature: \_\_\_\_\_

For inspection call 603-642-8406 x3 or email the Building Inspector at [kkaiser@eastkingstonnh.gov](mailto:kkaiser@eastkingstonnh.gov)

Permit Approved: \_\_\_\_\_

Building Inspector

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

Map \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_ Permit Fee \$ \_\_\_\_\_