



Town of Henniker

18 Depot Hill Road
Henniker, NH 03242
Phone (603) 428-3221 / Fax (603) 428-4366
www.henniker.org

Assigned Permit #: _____

Date Issued: _____

Fee Paid: _____

PLUMBING PERMIT APPLICATION

STREET ADDRESS OF PROJECT: _____ **MAP:** _____ **LOT:** _____

PROJECT TYPE (check one)

| | |
|-------------|--|
| RESIDENTIAL | ISSUED WITH NEW CONSTRUCTION or ANY PLUMBING PROJECT- \$50.00 |
| COMMERCIAL | ISSUED WITH NEW CONSTRUCTION or ANY PLUMBING PROJECT- \$100.00 |

PROPERTY OWNER(S)

NAME: _____ PHONE: _____
 ADDRESS: _____
 EMAIL ADDRESS: _____

PLUMBING CONTRACTOR

NAME: _____ PHONE: _____
 COMPANY NAME: _____
 ADDRESS: _____
 EMAIL ADDRESS: _____
 LICENSE #: _____ LICENSE EXPIRATION DATE: _____

*Photo copy of license required

PROPOSED ACTIVITY (please provide basic project notes)

| |
|-------------------------|
| NEW CONSTRUCTION: |
| FIXTURE UPGRADE: |
| APPLIANCE INSTALLATION: |
| HEATING SYSTEM: |
| OTHER: |

APPLICANT'S CERTIFICATION

I hereby certify that I am the owner of record of the named property or that I have been authorized by the owner to make this application as their authorized agent and agree to conform to all applicable local, state & federal laws & codes for this project. I certify that the Building Inspector/ Code Enforcement officer or the Town's authorized representative shall have the authority to enter areas covered by such permit at a reasonable hour to enforce the provisions of the code(s) applicable to such permit. I certify that the information given is true and correct to the best of my knowledge. No changes from the above information will be made without approval of the Building Inspector/Code Enforcement Officer.

PRINT NAME: _____ SIGNATURE: _____ DATE: _____

PLUMBING PERMIT APPROVAL:

_____ DATE: _____