



# PLUMBING PERMIT APPLICATION

One Union Sq, Milford NH 03055 · (603) 249-0620

[www.milford.nh.gov](http://www.milford.nh.gov)

Map/Lot # \_\_\_\_\_ Application # \_\_\_\_\_ Project: \_\_\_\_\_ Permit Issue Date \_\_\_\_\_ Permit # \_\_\_\_\_

## JOB INFORMATION

PROPERTY ADDRESS: \_\_\_\_\_ UNIT # \_\_\_\_\_

### BUILDING USE/OCCUPANCY CLASS:

RESIDENTIAL: SFR \_\_\_ Two-family \_\_\_ Condo \_\_\_ MH \_\_\_ Townhouse \_\_\_ Multi-family \_\_\_

COMMERCIAL/INDUSTRIAL: Business/Tenant Name \_\_\_\_\_

### DETAILED SCOPE OF WORK:

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

Construction over 5,000 SF Affected square footage \_\_\_\_\_

## APPLICANT INFORMATION

PLUMBER: \_\_\_\_\_ LICENSE #: \_\_\_\_\_ EXP: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

PRIMARY CONTACT: email: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

Phone/Cell: \_\_\_\_\_ NUMBER: \_\_\_\_\_

**Applicant must have a Masters License or be the residing, single-family property owner.**

## OWNER INFORMATION

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street Town State Zip

APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_ ADDTL FEES: \_\_\_\_\_  
Town of Milford Building Official/Dept. designee

PAYMENT INFORMATION: \_\_\_\_\_

**24 HOUR NOTICE REQUIRED FOR ALL INSPECTIONS**