

## Town of Deering Building Inspector 603-547-0437 Office: 603-464-3248

Map & Lot #:	 
Permit #:	 <u>PLUM</u> .

Fee: <u>\$50.00</u>

□ Paid

## **PLUMBING PERMIT**

Please print in ink or type all information.  The undersigned applied for a permit to perform the mechanical work described below:															
								Owner Name: Owner Mailing Address: Property Location (# & street):							
Is this a rental property	? -	Yes 🗆	No												
* If Yes, do you have a of Deeds, as required I Acknowledgement & C	n Acknowledg by RSA 674:41	ment & Cons	sent form recor	ded at the	Hillsbord	ough County Registry									
Is this permit a conjunc	ion with a l	building p	ermit? Yes	s □ No											
Type of work:	w work	□ Repla	acement	[	⊒ Exten	sion of old work									
Describe work to be perfo	nspection a	nd again	when finish	work is	compl	eted.									
Plumber's Name:			Li												
Company Name:			Phone	#: <u>(</u>	)	<u> </u>									
Address:															
Signature:	(Plumber)					Date:									
Approval/Signature:	(Michael Bor	den, Building	g Inspector)		[	Date:									