

**TOWN OF FRANCESTOWN  
BUILDING/CODE ENFORCEMENT**

27 MAIN STREET • P.O. BOX 5  
FRANCESTOWN, NEW HAMPSHIRE 03043-0005  
TELEPHONE (603) 547-3469    EMAIL francestownnh@comcast.net    FAX (603) 547-2622

<b>PERMIT #</b>
<hr/>
<b>TOTAL FEE</b>
<hr/>

**Plumbing Permit Application**

Date: \_\_\_\_\_

Name of Owner(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Cell/Alt. No: \_\_\_\_\_

Property Location/Address: \_\_\_\_\_ Tax Map/Lot: \_\_\_\_\_

Name of Plumber: \_\_\_\_\_

Address: \_\_\_\_\_

Plumber's License No: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Cell/Alt. No: \_\_\_\_\_

**Describe work to be performed**

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

Is this permit in conjunction with a building permit?     Yes     No

Work to be completed:     New     Replace     Extension of old work

Plumber's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Building/Code Official: \_\_\_\_\_ Approval Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_