



**APPLICATION FOR PERMIT  
TO INSTALL PLUMBING/MECHANICAL  
CITY OF DOVER, N.H.**

PERMIT # \_\_\_\_\_

DATE \_\_\_\_\_

Location of Building: \_\_\_\_\_ Owner: \_\_\_\_\_

Owner's Address: \_\_\_\_\_ Owner's Phone# \_\_\_\_\_

Description of Work:	QTY	Building	Old	New	Nature of Installation	Check				
Bath Tub / Tub Shower		Residential			Rough Plumbing					
Shower		Commercial			Fixtures					
Water Closet / Flush Tank		Industrial			City Sewer					
Water Closet / Flushometer		Institutional			City Water					
Urinal		Other			Septic / Well System					
Lavatory										
Kitchen Sink		<b>Commercial:</b>	\$15.00 per \$1,000 of construction value and application fee.							
Hand Wash Sink										
Service / Mop Sink										
Water Distribution System		<b>Description of Work:</b>								
Clothes Washer		HVAC/Boiler Construction Value _____								
Hose Faucet										
Drinking Fountain										
Dishwasher										
Backflow Preventer										
Hot Water Tank or Coil										
Building Sewer Connection										
Floor Sink										
Floor Drain										
Roof Drain										
Grease Interceptor										
Pump or Ejector							Building Permit # _____			
Garbage Grinder/Commercial										
Gas Appliance							<b>Description of Work Cont.:</b>			<b>QTY</b>
Gas Piping		Pre-Manufactured/Temp Site Trailer, \$50.								
HVAC / Boiler \$10 / \$1,000		Modular Homes, \$75.								
Memo / Deduct Meter		All Fuel Tanks Above/Under Ground \$25.ea								
Other										
Application Fee, \$25.										
<b>TOTAL FEE:</b>										

I hereby acknowledge that I have ready this application and state that the above is correct. I agree to allow inspections by the technical inspectors upon notification and at reasonable times, and that the construction and installations will be in accordance with the plan submitted and in accordance with all applicable codes and ordinances of the City of Dover, and the State of New Hampshire.

Contr. Name (Print) \_\_\_\_\_ Contractor Signature: \_\_\_\_\_

License#: \_\_\_\_\_ Tel.#: \_\_\_\_\_ Address: \_\_\_\_\_

Paid By: \_\_\_\_\_ Check#: \_\_\_\_\_ Cash: \_\_\_\_\_ Date: \_\_\_\_\_ Initial: \_\_\_\_\_

Plumbing/Mechanical Inspector: \_\_\_\_\_ Date Approved: \_\_\_\_\_