



**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	\$6.00 each	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 _____  Building Permit # _____					
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								
Garbage Grinder/Commercial								
Gas Appliance								<b>Description of Work Cont.:</b>
Gas Piping			Pre-Manufactured/Temp Site Trailer			\$ 75.00		
HVAC / Boiler \$10 / \$1,000			Modular Homes			\$ 150.00		
Memo / Deduct Meter			All Fuel Tanks Above/Under Ground \$25/ea					
Other								
Application Fee	x	\$ 25.00						
<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: \_\_\_\_\_