



Town of Goffstown
Goffstown, New Hampshire 03045
PLUMBING / WELL PERMIT APPLICATION

Date Paid / /

M _____ L _____

Date: _____

Permit Fee \$ _____

Plumbing/Well Permit # _____

Building Permit # _____

Enforcing 2018 IPC and 2018 IRC

Location and Nature of Proposed Work _____

Owner _____ Owner's Address _____

IMPROVEMENT TYPE

- Residential
- Commercial
- Industrial
- Agricultural
- New Construction
- Addition
- Alteration / Repair

Residential: Is this work in connection with creating an additional living unit _____

Non Residential: Is this work for an additional tenant _____

Is this permit in conjunction with a building permit? YES NO

Sanitary Drainage

Type and Size	<input type="checkbox"/> Building Sewer outside	<input type="checkbox"/> Building Sewer inside	<input type="checkbox"/> Inside Sewer Under-Slab	<input type="checkbox"/> Other

Building Sewer connected to

- Municipal Sewer
- Community Sewer
- Individual Septic System
- Roof Drains (Material and Size) _____
- Roof Drains connected to _____

Water Supply and Distribution

- Public
- Community
- Individual
- Water Service (Material and Size) _____
- Water Distribution System (Material and Size) _____

Type of Well

- Drilled
- Driven
- Dug
- Other _____
- Domestic
- Commercial
- Public Supply
- Test Well

FIXTURES Number of:

- ___ Kitchen Sink
- ___ Water Closet
- ___ Faucet
- ___ Dishwasher
- ___ Water Heater
- ___ Hydronic Heat
- ___ Lavatory
- ___ Urinal
- ___ Pot Filler
- ___ Washing Machine
- ___ Water Meter
- ___ Floor/Roof Drain
- ___ Utility Sink
- ___ Bath Tub
- ___ Grease Trap
- ___ Drinking Fountain
- ___ Water Softener
- ___ Other _____
- ___ Bar Sink
- ___ Shower
- ___ Sump Pump
- ___ Garbage Disposal
- ___ Backflow Preventer
- ___ Other _____

Other Work _____

The undersigned acknowledges that it is the responsibility of said signer to request timely inspections by any authority having jurisdiction. The administrative agency responsible for performing inspections has, to the best of its ability, verified governing code compliance for this project. Issuance of a Certificate of Occupancy or Completion does not relieve the contractor of any obligations as outlined under NH RSA 155-A:2 VII for governing code compliance issues that may be discovered after the issuance date of this document.

Plumber/Contractor name: (print) _____ (sign) _____

Address: _____

Email: _____

Phone #: _____ **Plumber/Contractor State License Number:** _____

Inspection/Dates _____