Tax Map/Lot_____

TOWN OF EPPING, NEW HAMPSHIRE OFFICE OF BUILDING DEPARTMENT APPLICATION FOR PLUMBING PERMIT							
			<u> </u>				
Date: Stree	et Address:			Permit No:			
Property Owner:							
(Name)	wner:(Name)		(Address)	(Address)		(Telephone No.)	
NOTE: PERMIT MUST BE	C OBTAINED/AF	PROVED PR	IOR TO WORK BEIN	G STARTED.			
N. W. 10				Yes	No		
New Work?							
Replacement?							
Extension of Old Work?							
Is work in connection with creating an additional living area?						_	
(If yes, how many tenants?)						_	
(If yes, now many tenants):)						
SOIL PIPE STACKS			Size:	How Many	: Length	in feet each:	
MAIN DRAIN IN CELLAR: Above/Below Cellar Floor: Size: How Mar					0		
SEWER CONNECTION-Street: Size: How Many:							
SEPTIC CONNECTION	:						
Printed Name:			MASTER'S N	H LICENSE	NO		
	Email:						
Address	IressTelephone #:						
FIXTURES:	How Many	Fee Each	FIXTURES		How Many	Fee Each	
Water Closets			Wet Vent Size:				
Sinks: 1 & 2 comp.			Dry Vent Size:				
3 or more comp.			Septic Tank Size:				
Lavatories			Hot Water Heater	Size:			
Bathtubs			SPRINKLERS:				
Wash tray(s)			Number of Heads				
Drain Floor			Heating Unit Type	e Fuel			
area yard							
Washing Machine Auto.		<u> </u>					
Dishwasher							
Shower(s)							
Disposals							
PERMIT EXPIRES ONE YI	EAR FROM ISS	UANCE.		T J			
Date: Issued							