



Plumbing Permit Application

Town of Gilford ~ Department of Planning and Land Use

47 Cherry Valley Rd ~ Gilford, NH 03249

Phone: 603-527-4727 ~ Fax: 603-527-4731 E-mail:
planning@gilfordnh.org

Application Data

Application Date: _____

Application Type: **Plumbing**

Property Information

Parcel ID: _____

Location: _____

Parcel type: _____

Owner Information

Owner/Business name: _____

Telephone: (day) _____ (eve) _____

Owner Address: _____

Applicant

Name/Business name: _____

Telephone: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

Professions, Licensed Trades, Contractors

Name/Address: _____

Telephone: _____ License # _____

Name/Address: _____

Telephone: _____ License # _____

Name/Address: _____

Telephone: _____ License # _____

Plumbing Installation

List all plumbing fixtures to be installed in this application:

dfu	Description	Qty	dfu	Description	Qty
2	Tub/shower unit	_____	0	Sump pump	_____
2	Shower stall	_____	0	Grease Trap	_____
1	Lavatory	_____	1	Bidet	_____

4	Toilet (W.C.)	_____	0	Backflow prev.	_____
4	Urinal	_____	0	Water pump	_____
2	Sink	_____	0	Roof openings	_____
2	Laundry tub	_____	0	Parking lot drain	_____
2	Dishwasher	_____	0	Inside downspout	_____
0	Garbage disposal	_____	0	Swimming pool	_____
1	Drinking fountain	_____		Other fixtures	_____
2	Floor drain	_____			
0	Water heater	_____			
0	Water Softener	_____			
0	Sewage ejector	_____			

- Public water Public Sewer
 Fire Sprinkler Lawn Sprinkler

Water service size: _____ in. Water meter size: _____ in.

Date to start: _____ Date to finish: _____

Estimated cost of plumbing materials and labor: _____

Signature: _____ Date: ____-____-____

Building Official Date: _____

Total Fees: _____ Rec By: _____ Date: _____