

TOWN OF MONT VERNON
Office of the Building Inspector
P. O. Box 444
Mont Vernon, NH 03057



PERMIT # _____

DATE: _____

Ray Bent, Building Inspector

Phone (603)400-3248 Fax: (603)673-5995 email: buildinginspector@montvernonnh.us

PLUMBING or GAS PERMIT APPLICATION

MAP / LOT #: _____

PHYSICAL LOCATION: _____

PROPERTY USE: _____ Residential _____ Commercial (Specify use) _____

OWNER: _____ PHONE: _____

ADDRESS: _____

COST: \$ _____ PAID BY: Cash / Check #: _____ DATE: _____

ISSUED BY: _____

CONTRACTOR INFORMATION

NAME: _____ LICENSE #: _____ EXP: _____

COMPANY: _____ PHONE #: _____

ADDRESS: _____ FAX #: _____

_____ EMAIL: _____

Signature: _____

* A copy of your current plumbers or gas fitters license must be attached to this form

JOB INFORMATION

TOTAL NEW FIXTURES: _____ TOTAL REPLACEMENT FIXTURES: _____

BATHS/SHOWERS _____ GARBAGE DISPOSAL _____

SINKS _____ LAUNDRY/WASHER _____

TOILETS/URINALS _____ MISC. FEATURES: _____

UNDERGROUND WORK: _____ RAP / INTERCEPTER: _____

GAS PIPING INSTALATION: _____

HOT WATER HEATER: GAS _____ ELECTRIC _____ OIL _____

APPROVAL DATE: _____

INSPECTORS SIGNATURE _____