HOLLIS BUILDING DEPARTMENT

7 Monument Square, Hollis, NH 03049 (603) 465-2209

License #: Email:	MapLot:	PLUMBING PERMIT					PERMIT #		
License #:	License #:	Job Location:						Issued:	
State: Zip: Phone: State: Zip: Phone:	Address:	Map Lot:							
State: Zip: Phone: Project:	Property Owner: Address:	Applicant:					License #	t:	
arty Owner: Address:	Project:	Address:				1	Email:		
Project:	Project:	own:	State: _	Zip	:	Phone: _			
New: Alteration Repair Addition Other pe	New:AlterationRepairAdditionOther Fixture Type	Property Owner:	_ State:	Zip:	Addr	ess: Phone:			
ssage Tub set er ay tem inp ector dachine er oisposal drinking) Totals Application Fee Total Fee certifies that ALL information given is correct and that ALL pertinent State and Town s/codes will be complied with in performing the work for which this permit is issued. EPECTIONS CONDUCTED BY THE HOLLIS BUILDING DEPARTMENT (603) 465-2209 X 501	Stacks Sinks Bath Tub Shower Hydro Massage Tub Water Closet Ulrinal Lavatory Tank Heater Laundry Tray Piping System Sump Pump Sewage Ejector Washing Machine Dishwasher Garbage Disposal Fountain (drinking) Other: Totals Application Fee Total Fee Applicant certifies that ALL information given is correct and that ALL pertinent State and Town ordinances/codes will be complied with in performing the work for which this permit is issued. ALL INSPECTIONS CONDUCTED BY THE HOLLIS BUILDING DEPARTMENT (603) 465-2209 X 501 24 HOUR PRIOR NOTIFICATION REQUIRED ON ALL INSPECTIONS	Project: New:	Alteration	Repair	Addit	tion Oth	er		
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		Applicant certifies that Alordinances/codes will be	complied wit	n given is o h in perfor THE HOL	Fee correct and ming the	d that ALL pe work for whi DING DEPAR	ch this per TMENT (6	mit is issued.	

APPLICANT MUST SIGN AND RETURN ORIGINAL FORM TO BUILDING DEPARTMENT PRIOR TO CALLING FOR INSPECTION – FAXES WILL NOT BE ACCEPTED