Town of Deep River Plumbing, Electrical, Mechanical Permit Application

| Date | |
|-----------|--|
| Permit #_ | |

| Location of | Building | Address _ | | | | | | | | _ | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------|------------|----------------|-----------------|-----------------|--------|---------------|----------------|---------------|------------|--|
| 7 | 7 | For Office Use: Ma | ap # | Lot # | # | | _ | | | | | | |
| nt | Name | Name | | | | 2r | Name | | | | | | |
| ica | Mailing | Mailing Address | | | | Owner | Mailing Address | | | | | | |
| Applicant | City | | State | Zip | | O | City | | | | State | Zip | |
| A | Day Ph | () | Fax () | L | | | Day Pl | n () | | | Fax () | | |
| Email Address:: | | | | _ | Email Address: | | | | | | | | |
| Contractor Information | | | | | | | | | | | | | |
| Business Name Address | | | | | | | | | | | | | |
| City | | Sta | ate | Zip | | Telep | hone (i | nclude | Area Code) |) | | | |
| Builde | ers Licen | se Number | | | | Expiration Date | | | | | | | |
| Emai | il Addres | s: | | | | | | | | | | | |
| | Yo | ou must attach a cop | y of curre | nt "Contra | ctor's L | icense | " and c | urren | t "Proof of | Liab | ility Insuran | ce". | |
| | PLUN | MBING | | □ ELE | CTRIC | CAL | | | | . <i>ME</i> | ECHANICA | 4 <i>L</i> | |
| Desc | cribe Acti | ivity: | | Describe A | ctivity: | | | | Des | cribe i | Activity | | |
| | FEE | :S | | | | | | | | PA | YMENT | | |
| | Total | | | | | | | | | | tal Paid | | |
| First \$1000.00 x \$26.00 \$ 26.00 | | | | | | Date | | | | | | | |
| Each addl. \$1000.00 x \$16.00 \$ | | | | | | | | | Bui Zoi | ilding ning | | | |
| Total Building \$ | | | | | | | | | | ite | | | |
| Additional fees may apply if this application requires Zoning approval (Zoning approval is required when said project alters the original footprint of the property) | | | | | | | | | | | eck # sh | - | |
| Sig | gnature (| of contractor making a | pplication. | | | Sig | gnature | of Bui | ilding Inspec | ctor | | | |