



Town of Dublin
1120 Main Street
Dublin, NH 03444

PLUMBING PERMIT

Date Received: _____

Map & Lot #: _____

Permit #: _____

Fee: \$50.00 Paid: ☐

Please note that Fees are Nonrefundable

Please print in ink or type all information

Owner's Name and Mailing Address: _____

Property Location (# & Street): _____

Is this permit a conjunction with a building permit? ☐ Yes ☐ No

Type of work: ☐ New work ☐ Replacement ☐ Extension of old work

*******Permit must be obtained before work is started and notice given to Inspector when ready for inspection*******

Describe work to be performed: _____

Plumber's Name: _____

Plumber's License #: _____

Company Name and Address: _____

_____ Phone #: _____

Signature: _____ Date: _____

(Plumber)

Approval/Signature: _____ Date: _____

(Michael Borden, Building Inspector)
Office: 603-563-8544 Cell: 603-547-0437