

Town of North Hampton Permit Application for Electrical, Plumbing, Mechanical, Septic Bed Bottom, or Demolition Projects

Building Inspector's Office- 964-8650

Property Owner

Name _____

Address _____

Phone _____

Permit Number _____

Date Issued _____

Location of Property _____

Map - Lot - Parcel _____ - _____ - _____

Contractor (applying for permit)

Company _____

Name (contact person) _____

Address _____

Phone _____

Type of Permit (circle) Residential Commercial

Electrical	ER	EC
Plumbing	PR	PC
Mechanical	MR	MC
Demolition	DR	DC
Septic Bed Bottom Inspection	BR	BC

Oil Burner Permit (FD) _____

Description of Work: _____

Fee required: \$45

Date Received _____

Check # _____

I agree that all construction will comply with IBC 2009, NEC 2008, IPC 2009, IMC 2009 and ALL local ordinances. I understand that construction must begin within twelve (12) months of the date of issuance of the Permit. I agree to allow inspections, and certify that all statements are true to the best of my knowledge.

Minimum of 24 hours to schedule inspections. 964-8650

Signatures:
Applicant _____

Date _____

Building Inspector _____

Date _____