



TOWN OF AUBURN, NEW HAMPSHIRE

PLUMBING PERMIT

PERMIT # _____

Property Information

Location: _____

Owner: _____

Proposed Work: _____ Residential or Commercial

Equipment: Size: _____ Type: _____

Groups Kitchen _____ Bath: _____ Washer: _____ other _____

Additional _____

Piping: Type _____

Contractor Information:

NH License No. _____ prepare to provide copy

Name: _____

Address: _____

Contact # _____

APPLICANT CERTIFIES THAT ALL INFORMATION GIVEN IS CORRECT AND THAT ALL PERTINENT MECHANICAL CODES WILL BE COMPLIED WITH IN PERFORMING THE WORK FOR WHICH THIS PERMIT IS ISSUED.

Signature of Applicant: _____

Date: _____

Signature of Permit Clerk _____ Fee _____