



APPLICATION FOR ELECTRICAL, PLUMBING, MECHANICAL

**TOWN OF HINSDALE
OFFICE OF BUILDING INSPECTOR**

POB 13

HINSDALE N.H. 03451-0013

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TOWN OF HINSDALE, NH

APPLICATION FOR ELECTRICAL, PLUMBING AND MECHANICAL PERMIT

FEES:

APPLICATION FEE: \$30.00 (UPON SUBMISSION OF APPLICATION)
INSPECTION FEE: \$20.00 FOR EACH INSPECTION AFTER
(3) REQUIRED INSPECTION

Plus ↓

ELECTRICAL, PLUMBING, MECHANICAL .75 Per \$100.00 OF VALUE

MINIMUM PERMIT FEE: \$15.00 (NO MAXIMUM PERMIT FEE)

or ↑

VIOLATION FEES:

ANY PERSON WHO VIOLATES THESE CODES SHALL BE SUBJECT TO A CIVIL PENALTY OF \$275 PER DAY FOR THE FIRST OFFENSE AND \$550.00 FOR SUBSEQUENT OFFENSES FOR EACH DAY THAT THE VIOLATION IS FOUND TO CONTINUE AS IS AUTHORIZED BY RSA 676:17.

CHECKS ONLY PAYABLE TO "TOWN OF HINSDALE". THANK YOU.

TOWN OF HINSDALE, NH

APPLICATION FOR ELECTRICAL, PLUMBING, MECHANICAL, PERMIT

Instructions: For all applications, complete parts 1, 2, 3, 4. If electrical work, complete part 6 also. If plumbing work, complete part 7 also Mechanical part 8. For other permits, complete part 10 found on page 4 must be submitted or shown on an attached sheet.

Date ___/___/___ Type of permit electrical mechanical plumbing other

1. PROPERTY INFORMATION

Street address _____ Map/Lot _____ Zoning district _____

Parcel type residential commercial industrial other _____

2. OWNER INFORMATION

First name _____ Last name _____ Phone no. _____

Street address _____ City _____ State _____ Zip _____

3. CONTRACTORS INFORMATION

Name of contractor _____ Address _____ Telephone No# _____
*(copy of License and ID Must be filed with Application)

- _____
Architect/engineer
- _____
General contractor
- _____
*Electrical
- _____
*Plumbing
- _____
Sewer
- _____
Mechanical
- _____
Sprinkler
- _____
Fire alarm
- _____
*Gas Fitter's Licensing #

4. CERTIFICATION

I hereby certify that I am the owner of the property, or that the proposed work is authorized by the owner of the property and that I have been authorized by the owner to make this application as his authorized agent, and I agree to conform to all applicable laws of the Town of Hinsdale. In addition, if a building permit for work described in this application is issued, I certify that the building inspector or the building inspector's authorized representative shall have the authority to enter areas covered by the permit at any reasonable hour to enforce the provisions of the code(s) applicable to such building permit.

Signature of applicant _____ Address _____ Telephone number _____

Person in charge of work _____ Title _____ Telephone number _____

PERMIT APPLICATION FEE	PAID	NOT PAID	CK#
PERMIT FEE	PAID	NOT PAID	CK#
TOTAL			

6. ELECTRICAL PERMIT APPLICATION

Total service _____ amps. Number of circuits _____ 2 wire _____ 3 wire _____ Number of service outlets _____ 110V _____

POWER DEVICES	NUMBER	OUTPUT/LOAD

TOTAL NUMBER OF MOTORS _____

FIRE ALARM SYS. SMOKE---NUMBERS OF UNITS _____ HEAT---NUMBERS OF UNITS _____ C.O. NUMBERS OF UNITS _____

FULL SYS. MAKE: _____

SECURITY SYS. MAKE: _____

Estimated starting date _____ Estimated finished date _____ Estimated work value \$ _____

7. PLUMBING PERMIT APPLICATION

Enter the number of fixtures being installed, replaced or repaired

Tub/showers	Drinking fountains	Back flow preventers
Shower stalls	Floor drains	Water pumps
Lavatories	Water heaters	Roof openings
Toilets	Water softeners	Parking lot drains
Urinals	Sewage ejectors	Inside downspouts
Sinks	Sump pumps	Swimming pools
Laundry tubs	Grease traps	Standpipes # of hose outlets
Dishwashers	Bidets	Fire sprinklers # of heads
Garbage disposals		Lawn sprinklers # of heads

TOTAL NUMBER OF FIXTURES: _____

Municipal water Yes No Municipal sewer Yes No
 Water service size _____ inches Water meter size _____ inches Average daily water use _____ gallons
 Utility service revisions: _____

Estimated starting date _____ Estimated finished date _____ Estimated plumbing work value \$ _____

8. MECHANICAL PERMIT APPLICATION

Enter number of new or replacement units

Forced air furnace	Incinerator	Air handling unit
Unit heater	Boiler	Heat pump
Gas/oil conversion	Coil unit	Air cleaner
Space heater	Kitchen exhaust hood	
Gravity furnace	Split system A/C	Hazardous exhaust system
Solid fuel appliance	A/C compressor	Electric furnace

Utility service revisions: _____
 Type of heating fuel (check one) Gas Oil Electric Coal Wood Other _____

Estimated starting date _____ Estimated finished date _____ Estimated mechanical work value \$ _____

9. OTHER REQUIRED PERMIT APPLICATION(S)

Permit type (i.e. driveway, water connection, sewer connection) _____
 Demolition (NEED TO CONTACT STATE DES. + DIG SAFE TOWN IF UTILITY)

FOR ALL WORK ON PERMIT APPLICATION

Scale 1" - _____ feet