



TOWN OF MEREDITH PLUMBING/HVAC PERMIT

Address: _____		Office use:
Type of Occupancy: Residential <input type="checkbox"/> Commercial/Industrial <input type="checkbox"/>		Permit # _____
Type of Work: New <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Addition <input type="checkbox"/>		Map/Lot: _____
Description: _____		Fee: <u>\$50.00</u>
_____		Receipt # _____
Contractor: _____ Cell Phone #: _____		
Mailing Address: _____		
Email Address: _____		
Check all that apply below:		**License/Photo ID will be required at the time of application.
Drain Piping	Domestic Piping	
PVC	PEX	
ABS	COPPER	
HVAC Equipment (describe below):		

Pressure Test on drain, water & vent systems required at time of inspection		
Statement of Compliance: I have read and understand the statement and hereby agree to all of the terms stated therein. I agree to abide by any and all codes relating to my field of work, including all national, state and local codes. I also realize that any false statement made in the application for permit may be grounds for revocation of said permit.		
_____ Applicant Signature		_____ Date
_____ Signature of Permit Clerk		_____ Date