



MERRIMACK FIRE DEPARTMENT
BUILDING DIVISION

**GAS PIPING/ MECHANICAL PERMIT
COMMERCIAL ONLY**

BLDG - FRM - 008

Tax Map _____
Parcel _____
Permit Fee: _____
Total \$ _____
 Paid with Permit
 Cash
 Check # _____
Official Use Only

Location: _____
Owner: _____ Phone # _____

Description of Work: _____
 See attached Documents/ Plans _____

								Fees	
Natural Gas	<input type="checkbox"/>		Propane	<input type="checkbox"/>		New Meter	<input type="checkbox"/>		
Iron Pipe	<input type="checkbox"/>		CSST (Trax)	<input type="checkbox"/>		Regulator	<input type="checkbox"/>		
Other	<input type="checkbox"/>								
Specific Appliance			List all that apply						
	#of	EA		#of	EA		#of	EA	
Generator			Modine			RTU			
Boiler			Furnace			Heat Pump			
A/C Split Unit			Condenser			Chiller			
Exhaust Fan			Power Louvers			Blowers			
						Totals			
						Fee			

Installer: _____
Address: _____
City _____ ST _____ Zip _____

NH Gas Fitters License # _____
Contact Phone #: _____
Signature _____
*** Proof of current license required, provide a copy**

Gas Piping shall be inspected and certified by an air test to a sustained pressure of 3 – 5 PSI
****** 24 HOUR NOTICE REQUIRED FOR INSPECTION ******
(603)-420-1730

I Certify that I have authorization from the property owner listed above, and will be installing all the work according to the state of NH adopted building codes.

Signature of Applicant

APPROVED BY: _____
Authorized Signature
Date _____