



MERRIMACK FIRE DEPARTMENT
BUILDING DIVISION
GAS PIPING/ MECHANICAL PERMIT
 BLDG - FRM - 003

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

Job Location: _____
 Property Owner _____ Phone # _____

Description of Work: Commercial Residential
 See attached Documents/ Plans

- Residential 1 or 2 Family Multi- Family Commercial/ Business Industrial
 Natural Gas Propane

Specific Appliance (Check All that apply)

- | | | | |
|--|---------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Generator | <input type="checkbox"/> Water Heater | <input type="checkbox"/> Gas Stove | <input type="checkbox"/> 1/2 " Sheetrock – 3ft around |
| <input type="checkbox"/> Boiler | <input type="checkbox"/> Range | <input type="checkbox"/> Dryer | <input type="checkbox"/> Sprinkler Head |
| <input type="checkbox"/> Furnace | BTU Rating _____ | Make _____ | Model # _____ |
| <input type="checkbox"/> Fireplace Insert | <input type="checkbox"/> Gas Logs | <input type="checkbox"/> Power Vent | |
| <input type="checkbox"/> Heat Pump | <input type="checkbox"/> Geo- Thermal | <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Replacement of Existing Unit - Type _____ | Make _____ | Model # _____ | |
| <input type="checkbox"/> Conversion: From _____ | To _____ | | |

Required Protection

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

NH Gas Fitters License# _____
 Contact Phone #: _____
 Signature _____
 * Provide appropriate current NH license with Photo ID

Inspection of Gas Piping Required after All Piping is in Place. Air Tested to 3 – 5 PSI
 ***** **24 HOUR NOTICE IS REQUIRED FOR INSPECTION** *****
(603)-420-1730

- I Certify that I have the authority to sign for the property owner listed above, and will be installing all the work according to the state of NH adopted building codes.
- I Certify that I am the owner of the property listed above, and will be installing all the work according to the state of NH adopted building codes.

 Signature of Applicant

 Signature of Owner

APPROVED BY: _____
 Authorized Signature _____ Date _____

IT IS YOUR RESPONSIBILITY
 CALL DIG SAFE (888) 344-7233 IT'S THE LAW