



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)

Required Protection

- | | | | |
|---------------------------------------------------------------------------------------------|---------------------------------------|--------------------------------------|-------------------------------------------------------|
| <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 _____ | | | |

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