



MERRIMACK FIRE DEPARTMENT
BUILDING DIVISION
MECHANICAL PERMIT
BLDG - FRM – 003-01

Tax Map _____
Parcel _____
Permit Fee: _____
☐ Paid with Permit
☐ Cash ☐ Credit
☐ Check # _____
Official Use Only

Job Location: _____
Property Owner _____ Phone # _____

Description of Work: ☐ Commercial ☐ Residential ☐ Industrial ☐ Restaurant

☐ See attached Documents/ Plans

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> New Install | <input type="checkbox"/> Replacement | | |
| <input type="checkbox"/> A/C Unit # _____ | <input type="checkbox"/> RTU # _____ | <input type="checkbox"/> Geo- Thermal | <input type="checkbox"/> Condenser Unit |
| <input type="checkbox"/> Furnace | <input type="checkbox"/> Appliance Duct | <input type="checkbox"/> Dryer Vent | <input type="checkbox"/> Power Vent |
| <input type="checkbox"/> Duct Size _____ | CFM _____ | <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Motors/ Fans | <input type="checkbox"/> Chiller/ Cooling System | <input type="checkbox"/> Range/ Kitchen Hood | |

Specific Appliances - Check (All) that apply

- ☐ Mechanical Vent # _____ ☐ Mechanical Exhaust # _____ ☐ Fire/ Smoke Damper # _____
☐ Other _____
☐ Replacement - Unit Type _____ BTU/ CFM _____ Model # _____

Applicant: _____
Address: _____
City _____ ST _____ Zip _____

Contractor: _____ ☐ Lic/Copy
Contact Phone #: _____ ☐ ID/ Photo
Signature _____
*Provide current license with Photo ID

Inspection of Work Required after All Duct and or Venting is completed and test ready.
****** MINIMUM 24 HOUR PRIOR NOTICE IS REQUIRED FOR INSPECTION ******
(603)-420-1730

*Please be advised that the work described above **may require other NH licensed professions, permits, and inspections.**
It's the applicant's responsibility to obtain any and all associated permits required for code compliance.*

☐ 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 **and will call for required Inspections, upon completion.**

☐ 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 **and will call for required Inspection, upon completion.**

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