



MERRIMACK FIRE DEPARTMENT
OFFICE OF THE FIRE MARSHAL
(603) 424-3690
PROPANE TANK PERMIT

Tax Map #: _____
Permit Fee: _____
Total \$: _____
Payment Method:
☐ Cash
☐ Check # _____
☐ Credit Card

Site location: _____
Property Owner: _____ Phone #: _____

Description of Work: ☐ See attached documents / plans

Fee Schedule:

RESIDENTIAL (1 or 2 Family)	\$25.00 EACH TANK	NUMBER OF TANKS: _____ SIZE: _____
ALL OTHER LOCATIONS	\$50.00 EACH TANK	NUMBER OF TANKS: _____ SIZE: _____
EXCHANGE CAGE	\$50.00 EACH CAGE	NUMBER OF CAGES: _____

- | | |
|--|---|
| <input type="checkbox"/> NEW / REPLACEMENT | <input type="checkbox"/> TEMPORARY TANK |
| <input type="checkbox"/> SWAP TANK(S) | <input type="checkbox"/> GAS LINE ONLY (Tank to exterior of building) |

Tank Type:

- ☐ Above Ground
☐ Underground

Required Protection:

- ☐ Bollards #: _____
☐ Other: _____

Technician Name: _____
Company: _____ Ph: _____
Address: _____
City: _____ ST: _____ Zip: _____

NH Gas Fitters License# _____
Contact Phone #: _____
Signature: _____
** Provide valid NH license and a valid photo ID*

I certify that I have the authority to sign for the property owner listed above. I will be completing all work in accordance with the State of NH adopted codes.

Signature of Applicant

I certify that I am the owner of the property listed above and it is my primary residence. I will be completing all work in accordance with the State of NH adopted codes. *(Proof of residence required)*

Signature of Owner

APPROVED BY: _____	_____
<i>Authorized Signature</i>	<i>Date</i>

UPON COMPLETION OF ALL WORK, IT IS THE RESPONSIBILITY OF THE INSTALLER TO REQUEST AN INSPECTION OF ALL WORK PERFORMED.

To schedule an inspection, please email the Fire Marshal's Office: fireprevention@merrimacknh.gov

Revised October 2022

IT IS YOUR RESPONSIBILITY
Call Dig Safe at (888) 344-7233, it's the law!

