



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

OIL HEATING EQUIPMENT PERMIT

Tax Map #: _____

Permit Fee: _____

Total \$: _____

Payment Method:

☐ Cash

☐ Check # _____

☐ Credit Card

Job Location: _____

Property Owner _____ Phone # _____

Description of Work: ☐ See attached documents / plans

Fee Schedule:

RESIDENTIAL INSTALLATIONS (1 OR 2 FAMILY) \$30.00 EACH UNIT

ALL OTHER INSTALLATIONS \$100.00 EACH UNIT

☐ NEW INSTALLATIONS ☐ REPLACE OIL TANK ☐ REMOVE OIL TANK

NUMBER OF TANKS _____ ☐ DIESEL FUEL TANK Size (gal.) _____

Specific Appliance: (Check all that apply)

☐ Oil Tank ☐ Oil Line ☐ New Boiler

☐ Hot Air Furnace ☐ Replace Oil Burner

Manufacturer: _____ Make: _____

Model #: _____ Series #: _____

Replacement of existing Tank - Type: _____ Make: _____ Model #: _____

Conversion: From _____ To _____

Required Protection

☐ Bollards # _____

☐ 1/2 " GWB ☐ Sprinkler Head

☐ Tie Downs (In flood zone)

Technician Name: _____

Company: _____ PH: _____

Address: _____

City: _____ ST: _____ Zip: _____

NH License #: _____ Type: _____

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: _____

Authorized Signature

Date

**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!