

Date _____
Permit No. _____
M/L _____

**TOWN OF NEW BOSTON
BUILDING DEPARTMENT
PO BOX 250
NEW BOSTON, NH 03070
PH. 603-487-2881 ext 108
FAX 603-487-2975**

MECHANICAL PERMIT (LPG)

Contractor's License No. _____

Please print in ink or type all information

The undersigned applies for a permit to perform the mechanical work described below.

Location _____

Owner or Tenant _____

Owner's Address _____

Purpose of building _____

Work to be completed:

NEW – ALTERATION – REPAIR – ADDITION (Circle One)

Check all that apply and specify number of units:

- | | |
|------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Air Conditioning Unit | <input type="checkbox"/> Conversion Burner |
| <input type="checkbox"/> Refrigeration Unit | <input type="checkbox"/> Boiler |
| <input type="checkbox"/> Forced Air System | <input type="checkbox"/> Gravity System |
| <input type="checkbox"/> Floor Furnace | <input type="checkbox"/> Air Handling |
| <input type="checkbox"/> Wall Heater | <input type="checkbox"/> Gas Piping |
| <input type="checkbox"/> Water Heater | <input type="checkbox"/> Fireplace |
| <input type="checkbox"/> _____ | |

Contractor's Signature: _____

Contractor's Name _____

Address _____

Phone _____

Building Inspector or Designee's Signature:

_____ Date _____