

Date _____
 Permit No. _____
 M/L _____

**TOWN OF NEW BOSTON
 BUILDING DEPARTMENT
 PO BOX 250
 NEW BOSTON, NH 03070
 PH. 603-487-5504 ext 150
 FAX 603-487-2975**

APPLICATION FOR MECHANICAL PERMIT

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 – REPLACE – 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"/> Fuel Tank |
| <input type="checkbox"/> Forced Air Furnace | <input type="checkbox"/> Boiler |
| <input type="checkbox"/> Floor Furnace | <input type="checkbox"/> Propane Tank (Gas Company Only) |
| <input type="checkbox"/> Wall Heater | <input type="checkbox"/> Gas Piping |
| <input type="checkbox"/> Water Heater | <input type="checkbox"/> Fireplace |
| <input type="checkbox"/> Woodstove/Chimney | <input type="checkbox"/> Pellet Stove |
| <input type="checkbox"/> Other | <input type="checkbox"/> Generator |

Contractor's Signature: _____

Contractor's Name _____

Address _____

Phone _____

Building Inspector or Designee's Signature:

_____ Date _____