



**TOWN OF NEW BOSTON  
BUILDING DEPARTMENT  
PO BOX 250  
NEW BOSTON, NH 03070  
PH. 603-487-2500 Ext 150  
FAX 603-487-2975  
s.fournier@newbostonnh.gov  
Tuesday, Wednesday, Thursday 9am-4pm**



## **APPLICATION FOR FUEL FIRED MECHANICAL PERMIT**

**INSTALLER SHALL CONTACT THE INSPECTOR FOR THE DAY THEY WISH TO HAVE THE INSPECTION BASED ON THE ABOVE SCHEDULE ABOVE**

Contractor's License No. \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
MBE License No. \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**\*\*\*\*\*PLEASE PROVIDE A PHOTOCOPY OF CONTRACTORS LICENSE\*\*\*\*\***

**Please print in ink or type all information**

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

Date: \_\_\_\_\_ Permit#: \_\_\_\_\_ Map/Lot: \_\_\_\_\_

Job Site Location: \_\_\_\_\_

Owner or Tenant \_\_\_\_\_ Phone \_\_\_\_\_ Email: \_\_\_\_\_

Owner's Address \_\_\_\_\_

**Work to be completed:**

NEW – ALTERATION – REPLACE – ADDITION (Circle One)

**Check all that apply and specify number of units:**

- |   |                 |
|---|-----------------|
| <input type="checkbox"/> Conversion Burner  |                 |
| <input type="checkbox"/> Forced Air Furnace | Fuel Type _____ |
| <input type="checkbox"/> Floor Furnace      |                 |
| <input type="checkbox"/> Wall Heater        | Fuel Type _____ |
| <input type="checkbox"/> Water Heater       | Fuel Type _____ |
| <input type="checkbox"/> Boiler             | Fuel Type _____ |
| <input type="checkbox"/> Other              |                 |

- |  |                                    |
|--|------------------------------------|
| <input type="checkbox"/> Oil Tank            | _____ # of Gallons                 |
| <input type="checkbox"/> Propane Tank        | _____ # of Gallons                 |
| <input type="checkbox"/> Woodstove / Chimney |                                    |
| <input type="checkbox"/> Gas Piping          | outside / inside piping type _____ |
| <input type="checkbox"/> Fireplace           |                                    |
| <input type="checkbox"/> Pellet Stove        |                                    |
| <input type="checkbox"/> Generator           |                                    |

Contractor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contractor's Name: \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Captain of Fire Prevention or Designee's Signature: \_\_\_\_\_ Date \_\_\_\_\_