

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**

CONTACT INFORMATION

Lorraine McKim
 Tuesday, Wednesday, Thursday 9am-4pm
 603-487-2500 ext. 150
l.mckim.cmd@newbostonnh.gov

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: _____

*******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.

Location _____

Owner or Tenant _____ Phone _____

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"/> Conversion Burner | <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: _____ Date: _____

Contractor's Name _____

Address _____

Phone _____ Cell Phone _____

Email _____

Building Inspector or Designee's Signature:

_____ Date _____