

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
l.mckim.cmd@newbostonnh.gov

APPLICATION FOR MECHANICAL PERMIT

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:

- Air Conditioning Unit
 Refrigeration Unit
 Other _____

Contractor's Signature: _____ Date: _____

Contractor's Name _____

Address _____

Phone _____ Cell Phone _____

Email _____

Building Inspector or Designee's Signature:

_____ Date _____