



**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 MECHANICAL PERMIT

Date: _____ Permit#: _____ Map/Lot: _____

**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 & PHOTO ID*******

Please print in ink or type all information

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

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:

- ☐ 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 _____