

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](mailto:l.mckim.cmd@newbostonnh.gov)

**APPLICATION FOR SPRINKLER 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 \_\_\_\_\_

Type of System (Example NFPA 13 D) \_\_\_\_\_

Date anticipating work to start \_\_\_\_\_ \* Note NO work should start until approval of the plans\*

***All items that must be submitted:***

- 3 sets of plans need to be submitted (Minimum 2 weeks before work begins)
- NICET Level 2 or higher signature for the plans
- 1 Set of complete products cut sheet shall be supplied with plans.
- Sprinkler system shall meet all Town of New Boston building codes (codes are available online and at the office)

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

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

Address \_\_\_\_\_

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

Email \_\_\_\_\_

Building Inspector or Designee's Signature:

\_\_\_\_\_ Date \_\_\_\_\_