



# Commercial MECHANICAL Application / Permit

Gas _____	Date _____
Rough _____	Date _____
Final _____	Date _____

Received by _____
Date _____

Address \_\_\_\_\_

**Permit #** \_\_\_\_\_

Owner \_\_\_\_\_

Date Issued \_\_\_\_\_

Unit # \_\_\_\_\_ Bldg use \_\_\_\_\_ Date plans submitted \_\_\_\_\_

Property Acct # \_\_\_\_\_

New Replace **Type of fuel:** Natural Gas LP Gas Fuel Oil \*

\* NH Dept of Safety "Application for Permit to Install Oil Burning Equipment" shall also be filled out (available in Dept of Bldg Safety)

Item	Fee	Quantity	Total
<b>DELIVERY SYSTEM</b> Enter \$50 in Fee Field. Increase Quantity by 1 for Every 1000 BTU over 100K Enter #BTU's			
1 GAS PIPING (0-100K BTU \$50.00; Over 100K \$50.00 plus .25 per 1,000 BTU)			
FUEL OIL PIPE (Per 1000 BTU)			
INSTALLATION OF STORAGE TANKS less than 499 gallons, fuel oil (each)			
<b>EQUIPMENT</b>			
FURNACE			
WATER HEATER			
BOILER			
2 SINGLE PACKAGE (includes rooftops) AIR HANDLERS (each)			
CHILLER EVAPORATOR CONDENSER COOLING TOWER (each)			
DUCT WORK (.40 Per 10 square feet of area served) Total Sq. Ft. Enter in Total Field Calculated Amount or \$25 Minimum			
FIRE and/or SMOKE DAMPERS (each)			
3 CHIMNEY (masonry or metal)			
4 VENTED UNIT HEATER			
5 FANS			
<b>KITCHEN EXHAUST SYSTEMS</b>			
6 HOODS (each)			
FANS ASSOCIATED WITH HOODS (each)			
7 OTHER Miscellaneous work not covered above (each) Describe:			
8 REINSPECTION for same work due to failure to pass initial inspection or unavailability of premises at time of initial inspection			
	<b>Subtotal</b>		
9 APPLICATION FEE (non-refundable)	30.00		
<b>MINIMUM TOTAL FEE</b> Receipt # _____	<b>TOTAL</b>		
10 SURCHARGE for permits issued after construction started without a permit. *100% of applicable fee, but not to exceed \$500. Such violations also subject to criminal penalties under NH law.	* 500.00		

Contractor \_\_\_\_\_ Gas Fitter License # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

I attest all statements made on this application are true to the best of my knowledge. Applicants are advised that the making of a false statement on this form is a criminal offense.

Signature of contractor or person making application \_\_\_\_\_

Telephone number \_\_\_\_\_

Building Official or Designee \_\_\_\_\_

**CALL 589-3080 ONE DAY IN ADVANCE FOR AN INSPECTION**

Please have your permit number, address, and type of inspection ready so we may expedite your inspection request

POST THIS CARD SO IT IS VISIBLE FROM THE STREET

MECH Com June 2018

~ PLEASE SEE OTHER SIDE ~

