



BRENTWOOD FIRE DEPARTMENT

419 Middle Road Brentwood, New Hampshire 03833
Non-Emergency-(603) 642-8132 Fax-(603) 642-7187

APPLICATION FOR PERMIT TO INSTALL OR ALTER GAS-FIRED APPLIANCES

Application is hereby made in accordance with the provisions of NFPA 54 & 58 and ICC Fuel Gas and Mechanical Codes, editions as adopted by the State of New Hampshire and regulations made under authority thereof by the undersigned for a permit to install or alter, for the person or persons and at the location named herein, certain equipment for the keeping, storage, or use of flammable or combustible gas or liquid for fuel as described below.

NAME: (Owner/Occupant): _____

INSPECTION SITE ADDRESS: _____

CONTACT PHONE NUMBER (Home/Business): _____

DESCRIPTION OF WORK (use back for additional/sketch): _____

BURNER/APPLIANCE: MANUFACTURER: _____

GAS PIPING TYPE _____ BURNER/APPLIANCE TYPE _____

MODEL# _____ UL, CS or AGA APPROVED? ___ Y ___ N

(Provide installation instructions if requested)

INSTALLED BY: _____ GAS FITTER #: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____ FAX NUMBER: _____

***License Type: (Endorsements)**

GPI Gas piping Installer – Holder may do gas piping ONLY piping/equipment

EI – P/N Equipment Installer/ Propane – Holder can install

ST – P/N Service Technician – Holder can install piping and equipment and Service existing equipment.

HST Holder works only on hearth type systems

Fee \$40.00 Check (only) payable to “TOWN OF BRENTWOOD, NH”

SIGNATURE OF APPLICANT: X _____ DATE: _____

This application is made with full knowledge of the current regulations governing such installations, which will be made in compliance therewith. By affixing my signature to this permit application, I agree that all work done by myself or others under my supervision shall be completed in compliance to all applicable codes(s) and manufacturer’s installation instructions.

A COPY OF THE PERMIT MUST BE RECEIVED AND POSTED AT THE WORK SITE PRIOR TO BEGINNING THE INSTALLATION OF ANY APPLIANCE/WORK. INSPECTIONS ARE REQUIRED ONCE INSTALLATION IS COMPLETE. COORDINATION WITH OTHER TRADES MAY BE REQUIRED. AN INSPECTION MUST BE REQUESTED A MINIMUM OF THREE DAYS IN ADVANCE.

DATE OF APPLICATION RECEIVED: _____ TAG # _____

PERMIT NUMBER: _____ CHECK #: _____