## -WALPOLE FIRE & EMS DEPARTMENT-

## P.O. Box 162 – 278 Main Street Walpole, NH 03608

603-756-3621
"Proudly serving the community"

## **Gas Mechanical Permit Application**

Owner or Business Nam	e:	
Installation Address:		
Mailing Address:		
Daytime Phone #	I	Email (Optional)
Type of Occupancy:	Residential	Commercial/Industrial
Gas Appliance: New in	nstallation   Repl	lacement of existing equipment
Furnace	eater   Fireplace	□ Boiler □ Generator □
Other   (list if other	·)	
Make:	Model:	Serial #
Fuel: Propane	Vent Type:	Installation Date:
Gas Piping: New □	Existing   Type	:
Installer:		Daytime Phone #
License Class:	License #	Expiration Date:
Signature of Installer		Date
Signature of Fire Chief		Date
	right to refer any mecha	ny applicable NH Code Amendments. anical or life safety inspection to the NH Fire eems
	Office use	only:
Permit #	Date Inspected:	By (Signature):

## -Continued-

Permit #	
Inspection Complete? Yes □	No□
If no, return date?	
Notes:	