

TOWN OF PELHAM FIRE DEPARTMENT

P.O. BOX 321, PELHAM, NH 03076
(603) 635-2703

PERMIT TO INSTALL AND OPERATE GAS BURNING EQUIPMENT

The undersigned hereby applies for a permit to install and operate gas burning equipment in compliance with NFPA 54, "National Fuel Gas Code" 1999 edition.

Address: _____

Type of Occupancy: _____ Stories: _____

Owner's Name: _____ Phone #: _____

Owner's Address: _____

Occupant's Name: _____

Make, Model and/or
Serial # of Appliance: _____

Name of Installer: _____

Installer's NH Gas Fitters License #: _____ Exp. Date: _____

*Gas Fitting Business Entity NH License #: _____
(*Optional)

**Gas Fitting Business Representative Signature: _____

Business Name: _____

Address: _____

Telephone () _____

Size and Location of Tank(s): _____

Installer's Signature: _____ Date: _____

Permit not valid without signature of person completing work

When signed below by the Chief of the Fire Dept. this application may be used as a
TEMPORARY PERMIT authorizing the installation of gas burning equipment.

Permit No: _____ Chief or Designee

Pelham, NH Fire Department

**Permit Expires 1 year from: _____ Date

Permission is hereby granted to operate gas burning equipment described above which
has been inspected and found to be in compliance with State Fire Code SAF-C 6000 as
adopted by the State Fire Marshal.

Insp. Date: _____ Reinspection Date: _____

Reinspection Date(s) at \$25/ea.: _____

Signature of Fire Chief or Designee _____