



PELHAM FIRE DEPARTMENT
P. O. Box 321
Pelham, NH 03076

James F. Midgley
Fire Chief

Propane Tank Permit

In accordance with the Pelham Fire Department, no work will begin prior to the issuance of proper permits and documentation and/or approvals by the Pelham Fire Department.

Underground Tank

Aboveground Tank

All fields shall be completed. If not applicable, please mark with N/A Date: _____

TANK SITE LOCATION

Building / Site Name: _____

Site Address: Number: _____ Street Name: _____

APPLICANT (Business or Home Owner) INFORMATION

NAME: _____

ADDRESS: _____ City _____ State _____ Zip: _____

PHONE#: _____ Fax#: _____ E-Mail: _____

CONTACT NAME: _____ Cell Phone: _____

INSTALLER PERFORMING WORK

NAME: _____

ADDRESS: _____ City _____ State _____ Zip: _____

PHONE#: _____ Fax#: _____ E-Mail: _____

NH GAS FITTERS LICENSE #: _____ EXPIRATION: _____

TYPE OF FACILITY PLEASE CHECK APPLICABLE BOX. PERMIT FEE IS FOR EACH TANK

- | | | |
|---|--|---|
| Residential Single Family \$20.00 <input type="checkbox"/> | Government \$50.00 <input type="checkbox"/> | Residential Multi-Family \$40.00 <input type="checkbox"/> |
| Service Station \$50.00 <input type="checkbox"/> | Educational \$50.00 <input type="checkbox"/> | Mercantile \$50.00 <input type="checkbox"/> |
| Industrial \$50.00 <input type="checkbox"/> | Office / Business \$50.00 <input type="checkbox"/> | |
| Exchange Cage \$50.00 <input type="checkbox"/> | | |
| Temporary Tank Installation (Less than 30 days) \$ 20.00 <input type="checkbox"/> | | |
| Propane Line ONLY \$ 20.00 <input type="checkbox"/> | | |

Inspection Date _____ Reinspection Date _____

Reinspection Date at \$20/each reinspection: _____

Permit Fees are collected at the time of submittal. Submittal shall include at least one set of drawings and cut-sheets for equipment to be installed.

APPROVED PLANS AND A COPY OF THE PERMIT MUST BE KEPT ON SITE DURING
INSTALLATION/REMOVAL WORK

I HAVE REVIEWED THE PROPANE INSTALLATION CHECKLIST _____ (INITIAL)

INSTALLER'S SIGNATURE _____ Date _____

Emergency: 603-635-2421

Business: 603-635-2703

Fax: 603-635-6970

PRINT NAME _____ Date _____

TANK INFORMATION (PLEASE CHECK APPLICABLE BOXES)

Type of Tank:

	TANK 1	TANK 2
Jacketed steel	<input type="checkbox"/>	<input type="checkbox"/>
Asphalt coated steel	<input type="checkbox"/>	<input type="checkbox"/>
Painted steel	<input type="checkbox"/>	<input type="checkbox"/>
Bare steel	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify below)	<input type="checkbox"/>	<input type="checkbox"/>

Cathode Protection:

	TANK 1	TANK 2
Anodes	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Impressed current	<input type="checkbox"/>	<input type="checkbox"/>
Lined tank	<input type="checkbox"/>	<input type="checkbox"/>

Capacity (in gallons)

TANK 1	TANK 2
<input type="text"/>	<input type="text"/>

PIPING INFORMATION, (Please check all applicable boxes)

Construction Material

	TANK 1	TANK 2
Epoxy coated steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Galvanized steel	<input type="checkbox"/>	<input type="checkbox"/>
Wrapped	<input type="checkbox"/>	<input type="checkbox"/>
Bare steel/Black iron	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fiberglass	<input type="checkbox"/>	<input type="checkbox"/>
Copper	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify right)	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL INSTALLATION/REMOVAL REQUIREMENTS

Exchange Cage

All Exchange Cages shall be protected by bollards at a minimum of four (4) inches in diameter, three (3) feet tall and filled with cement and no more than three (3) feet apart to protect the Exchange Cage from a motor vehicle impact. An alternative to the use of bollards would be the placement of cement barriers (Jersey Barriers) to provide impact protection to the Exchange Cage.

PROJECT NARRATIVE

Date

Signature of Fire Chief or Designee