

Sanbornton Fire Department

565 Sanborn Rd./P.O. Box 112
Sanbornton, NH 03269

Fire Chief
Paul D. Dexter Jr.

Phone (603) 286-4819
Fax (603) 286-4023

PERMIT TO INSTALL AND OPERATE

All the following require a permit to install and operate in the Town of Sanbornton

- Oil Burning equipment (including replacement/installation of supply tanks)
- LP & Natural Gas equipment and appliances (including replacement/installation of supply tanks)
- Automatic Generators (LP & Natural Gas or Diesel) **Gas installer is the applicant** and must verify clearances
- Solid Fuel Burning Appliance Installations (wood stoves, pellet stoves)

Application is hereby made in accordance with the provisions of all applicable NFPA codes and the NH State Fire Prevention Code, 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 above type installation.

NAME (Owner): _____

MAILING ADDRESS: _____

INSPECTION SITE ADDRESS: _____

CONTACT PHONE NUMBER: _____

INSTALLED BY: _____ NH GAS FITTER# _____ (if applicable) **

BUSINESS NAME: _____ (Applicant)

BUSINESS ADDRESS: _____

BUSINESS PHONE: _____ INSTALLER PHONE: _____

**License Type: (Endorsements)

- GPI - Gas Piping Installer – Holder may do gas piping ONLY
- EI – P/N Equipment installer – Holder can install piping and equipment
- ST – P/N Service Technician – Holder can install piping and equipment and service existing equipment
- HST - Holder works only on hearth type systems

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 code(s) and manufacture's installation instructions.

DESCRIPTION OF WORK: _____

BURNER/APPIANCE: MANUFACTURER: _____

GAS PIPING ONLY _____ BURNER/APPLIANCE TYPE: _____

MODEL #: _____

TYPE OF FUEL USED: _____ UL, CSA OR AGA APPROVED: YES NO

A COPY OF THIS PERMIT MUST BE POSTED AT THE WORK SITE PRIOR TO BEGINNING THE INSTALLATION OF ANY APPLIANCE. INSPECTIONS ARE REQUIRED ONCE INSTALLATION IS COMPLETE AND AN INSTALLATION REPRESENTATIVE MUST BE PRESENT DURING ALL INSPECTIONS. COORDINATION WITH OTHER TRADES MAY BE REQUIRED.

Governing Codes – NFPA 31, 211, 54, 58, NH Part SAF-C 6008, 6009, 6010, 6011, 6012 and 6013

(Official Use Only)

When signed below by the fire chief or designee of the fire department this application may be used as a TEMPORARY PERMIT authorizing the installation of the above equipment.

PERMIT NUMBER: _____

SIGNATURE OF FIRE CHIEF OR DESIGNEE: _____ DATE: _____

The installer must contact the Sanbornton Fire Department at (603) 286-4819 to schedule the Final Inspection of the installation with a minimum 24 hour notice.

PERMISSION IS HEREBY GRANTED TO OPERATE THE ABOVE EQUIPMENT DESCRIBED WHICH HAS BEEN INSPECTED AND FOUND TO BE IN COMPLIANCE WITH NFPA CODE AND NH STATE FIRE PREVENTION CODE

DATE: _____ SIGNATURE: _____

The final signed copy of this permit must be kept with the owner of the equipment.