



TOWN OF BELMONT

BUILDING DEPARTMENT

BUILDING OFFICIAL

Mechanical Permit Application

Owner/Tenant:	Date:
Street/Work Address:	Map/Lot #:
Owner Phone Number:	Permit #:
Owner E-mail Address:	Fuel Source: Gas – Propane – Electric
Building Type: SFR - Multi Unit - MFG - Mod - Comm	Estimated Cost:
Work Type: New - Repair - Addition - Tank Change	Estimated Completion Date:

Item	Number
Air Cond. Units H. P. Ea.	
Refrigeration Units H. P. Ea.	
Boilers H.P. Ea.	
Forced Hot Air System – BTUs	
Floor Furnace – BTUs	
Wall Heaters – BTUs	
Unit Heaters – BTUs	
Conversion Burner	
Clothes Dryer	
Ventilation Fan – CFMs	
Range Hood	
Range - BTUs	
Air Handler	
Incinerator	
Gas Piping (Type)	
Dishwasher	
Tank Change Out	
Existing Tank Size	
New Tank Size	
Above Ground or Underground	
Other	

Contractor Name _____

Address _____

City _____ State _____ Zip Code _____

Phone # _____

Contractor License # _____

Email Address _____

Contact Building Inspector to schedule REQUIRED Inspection at 267-8300 x 111
 No inspections will be completed prior to the Building Inspector receiving a copy of the Pressure/Leak test. Results may be left on site protected from weather, faxed to 267-8307, dropped off at Town Hall, or emailed to permits@belmonthnh.org.

Applicant certifies that all information given is correct and that all pertinent mechanical codes, standards and practices will be complied with in performing the work for which this permit is issued.

 Printed Name & Signature of Property Owner or their Authorized Representative

 Printed Name & Signature of Contractor or their Authorized Representative

 Signature of Building Official

Permit Fee Due \$50.00

AFTER THE FACT PERMIT FEES ARE DOUBLED

Underground tanks inspected by the Fire Department (267-8333)

OFFICE USE ONLY:	(Circle One) License #	In System	Yes	No
Received By:				
Amount:				
Date:	Payment Method:	Check # _____	Cash _____	Other _____