

**New Hampton Fire Department**

26 Intervale Drive, New Hampton, NH 03256  
Phone: (603) 744-2735 Fax: (603) 744-6520

**Permit to Install and Operate LP and/or Natural Gas Equipment**

To the Chief of the Department:

The undersigned hereby applies for a permit to install and operate LP and/or Natural Gas equipment in compliance with R.S.A. 153:5 and all applicable codes and ordinances which apply to the installation.

Owner Name: \_\_\_\_\_ Owner Telephone: \_\_\_\_\_

Owner Address (if different): \_\_\_\_\_

Type of Occupancy: \_\_\_\_\_ Stories: \_\_\_\_\_

Installation Address: \_\_\_\_\_

Installer Name: \_\_\_\_\_ Business: \_\_\_\_\_

Installation Company Address: \_\_\_\_\_

Installer Telephone: \_\_\_\_\_ Emergency Contact Telephone: \_\_\_\_\_

Installer License #: \_\_\_\_\_ Type:  LP Gas  Natural Gas  Underground

Make of Equipment: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Size and Location of Fuel Container: \_\_\_\_\_

**\*\* Please return this form with a copy of the system pressure test and installer license\*\***

*When signing below, the installer realizes he/she shall familiarize the occupant/owner with the operating, safety, and periodic maintenance requirements of the equipment, as well as providing a copy of the manufacturer's installation and operation instructions.*

\_\_\_\_\_  
Signature of Owner/Installer \_\_\_\_\_  
Date

*When signed below by the Chief of the Fire Department, this application may be used as a temporary permit authorizing the installation of LP and/or Natural Gas equipment.*

\_\_\_\_\_  
Signature of Fire Chief or Designee \_\_\_\_\_  
Date

*Permission is hereby granted to operate the LP or Natural Gas equipment described above which has been inspected and found to be in compliance with the State Fire Codes (Saf-C 6012.3) as adopted by the State of New Hampshire Fire Marshal.*

\_\_\_\_\_  
Signature of Fire Chief or Designee \_\_\_\_\_  
Date

**Submit in person, by fax, or by emailing to:  
inspections@new-hampton.nh.us**

Permit #: \_\_\_\_\_