New Hampton Fire Department

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

Permit to Install and Operate Wood/Pellet Appliances

To the Chief of the Department:

The undersigned hereby applies for a permit to install and operate wood/pellet appliances in compliance with all applicable codes and ordinances which apply to the installation.

Owner Name:	Owner Telephone:	
Owner Address (if different):		
Type of Occupancy:	Stories:	
	Business:	
Installation Company Address:		
	Emergency Contact Telephone:	
Installer License #:		
	Serial Number:	
	miliarize the occupant/owner with the operating, safety, and per iding a copy of the manufacturer's installation and operation inst	
Signature of Owner/Installer	D	ate
	t, this application may be used as a <u>temporary permit</u> authorizing ood/pellet burning equipment.	the installation
Signature of Fire Chief or Designee	D	ate
	ood/pellet burning appliances described above which has been in te Fire Codes as adopted by the State of New Hampshire Fire Mar	
Signature of Fire Chief or Designee		ate

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

Permit	#:	