Ossipee Corner Fire Department

105 Old Route 28 • PO Box 415 • Ossipee, NH 03864-0415
PHONE: (603) 539-2407 • FAX: (603) 539-4453

PERMIT TO INSTALL AND OPERATE GAS BURNING EQUIPMENT

To the Chief of the Fire Department:

The undersigned hereby applies for a permit to install and operate gas burning equipment in accordance with State Fire Code, manufacturer requirements and NFPA 54,&58.

Address: _____

Type of Occupancy: _____ Stories _____

Owner: _____ Phone #: _____

Address: _____ Town: _____ State: _____

Occupant's Name: _____

Type of appliance: _____

Make and Serial Number of gas appliance: _____

Size and Location of tank: _____

Name of Installer: _____ License #: _____

Business Name: _____

Address: _____

Telephone: ( ) _____

Date: _____ _____
Signature of Owner or Installer

When signed below by the Chief of the Fire Department or his Designee this application may be used as a TEMPORARY PERMIT authorizing the installation of gas burning equipment.

Permit No: _____ _____Chief or Designee

Ossipee Corner Fire Department

_____ (Date)

Permission is hereby granted to operate the gas burning equipment described above which has been inspected and found to be in compliance with manufacturer requirements and applicable codes.

Date: _____ _____
Signature of Fire Chief or Designee

Permit Fee: _____ Rec'd By: _____ Cash $: _____ or Check#: _____

Original White Copy: Owner **Canary Copy:** Fire Department **Pink Copy:** Installer