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:

Address: _____

Type of Occupancy: _____ Stories: _____

Owner: _____ Phone: _____

Address: _____ Town: _____ State: _____

Occupant's Name: _____

Make and Serial Number of Equipment: _____

Size and Location of Fuel Container: _____

☐ LP Gas ☐ Natural Gas ☐ Underground (UG)

Name of Installer: _____ Gas Fitter License #: _____

Business Name: _____ Address: _____

Telephone: ( ) _____ Emergency Contact ( ) _____

When signing below, the install 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.

Date: _____ _____

Signature of Owner or Installer

When signed below by the Chief of the Fire Department this application may be used as a TEMPORARY PERMIT authorizing the installation of LP or Natural Gas equipment.

Permit No.: _____ _____ Chief or Designee

Plymouth Fire Department

_____ Date

Permission is hereby granted to operate of 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 8000) as adopted by the State Fire Marshal.

Date: _____ _____

Signature of Fire Chief or Designee

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