## 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: \_\_\_\_\_ State: \_\_\_\_\_ Occupant's Name: Phone: Make and Serial Number of Equipment: Size and Location of Fuel Container: Natural Gas Underground (UG) LP Gas Name of Installer: \_\_\_\_\_\_ Business Name: \_\_\_\_\_ Emergency Contact ( ) Telephone: ( 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.

Signature of Fire Chief or Designee