

**DUNBARTON BUILDING DEPARTMENT**  
1011 School Street Dunbarton NH 03046  
Tele: 603-774-3547 Ext 106 Email: [building@dunbartonnh.org](mailto:building@dunbartonnh.org)  
**48-Hour Notice Preferred for Inspections**

**GAS /MECHANICAL PERMIT**

☐ Gas piping only      ☐ Mechanical appliance only      ☐ Gas tank set (specify size below)

Location of Work	Tax Map/Lot #
Property Owner's Name	Owner's Phone #
Description of Work:	

**Specify Appliance:**   ☐ Boiler   ☐ Furnace   ☐ Generator   ☐ Water heater   ☐ Fireplace/other  
**Fuel Type:**      ☐ LP (Tank size \_\_\_\_\_)   ☐ Natural Gas

Make of Appliance:	
Serial/Model #	Location:

Installer's Name:		Phone #:	
Company:		Email Address:	
Address:	City:	State:	Zip:

\*\*\* INSPECTION OF GAS PIPING IS REQUIRED AFTER ALL PIPING IS IN PLACE. \*\*\*

\*\*\*REQUIREMENT: PIPING SYSTEM PRESSURIZED (AIR) 3-5 PSI WITH GAUGE. \*\*\*

**RSA 153:27; NH Gas Fitter License must be shown in person by license holder or no permit will be issued.**

→ \_\_\_\_\_  
**Signature of Installer/Gas Fitter/Service Tech**                      **License # & Expiration Date**

<b>THIS SECTION FOR OFFICE USE ONLY</b>		
Permit # _____	Fees Paid _____	Check # _____
<b>APPROVED BY:</b> _____ <b>Dunbarton Building Official</b>		<b>DATE:</b> _____