



Town of BROOKLINE, NEW HAMPSHIRE

[] Residential [] Commercial/ Industrial

Inspection Services Fire Inspector Brookline, NH 03033

[] New [] Addition [] Replacement

Permit # _____

Phone (603) 673-8855 Ex. 230 Fax (603) 673-8136

Mechanical, HVAC, Gas & Other Fuel Piping Permit

Fee: _____

To install and operate Fuel burning Electric Generating Equipment, AC, Flues & Other Fuel Burning Equipment

INSTALLATION AND OPERATION OF GAS, OIL and/or SOLID FUEL EQUIPMENT

The undersigned hereby applies for a permit to install and operate fuel burning equipment in compliance with R.S.A. 153:5 and N.F.P.A. Standard # 31

Date: _____ Lot: _____ Job Location: _____

Owner and / or Tenant _____ Person contact phone number for inspection Name _____ Tel. # _____

1. The undersigned hereby applies for a permit to install and operate fuel burning equipment in compliance with R.S.A. 153:5 and N.F.P.A. Standard # 31

[] Fuel _____ Is there a tank permit issued for the project herein [] YES [] NO

Table with columns for Appliance and/or Equipment, Model #, and S/N. Includes items like Furnace/Boiler, H/W Maker, Stove/Oven, Dryer, Fireplace, and Electric Generator.

Description of work _____

Signature _____ Fee: _____ [] Cash [] Check # _____

Installer _____ Lic. # _____ Business Name _____ As of January 2008

Place payment below this line and copy for receipt

Address _____ City / Town _____ Tel # _____ Alt # _____

Town of Brookline codes, International Fuel Gas code, NFPA 52 Compressed Natural Gas code, NFPA 54 National Fuel Gas code, NFPA 31 National Oil Burning All work will be in compliance with one or more of the following codes :State (State Fire Code (Fir 602 and SAF-C 6012) as Adopted by the State Fire Marshal) and Equipment code, NFPA 211 Chimney, Fresh Air Vent, Fireplace, and Solid Fuel Appliance code, NFPA 121-2.32 Emergency Shut Off code, CABO Code, 1995 Edition Chpt.10.

* Inspection Services Approval _____ Date _____

When signed below by the Fire Chief or Designee, this application is a TEMPORARY PERMIT authorizing the above installation

Fire Chief or Designee _____ Date _____

Certificate of Compliance

Permission is hereby granted to operate the above equipment / appliances in compliance with State Codes adopted by the State Fire Marshal office and Town of Brookline Codes

Fire Chief or Designee _____ Date _____