



Town of Hopkinton

330 Main Street • Hopkinton, New Hampshire 03229 • www.hopkinton-nh.gov
 Tel: 603-746-3170 Fax: 603-746-3049

MECHANICAL PERMIT APPLICATION

Residential Commercial Industrial Other

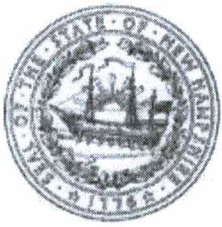
Site Information & Location	Work Type			
Street Address:	Gas Piping			
Work Type:	Minimum Fee – Gas Piping	25.00		
Property Owner	Each Additional Appliance	10.00		
Name:	Heating Equipment (Interior/Exterior)			
Address:	<i>State Fire Marshal's Office form must also be completed for installation of oil burners. See Reverse Side.</i>			
City/State/Zip:	Boiler or Furnace (Circle One)	55.00		
Phone:	Manufacturer:			
Email:	Model/ID#			
Contractor or Owner Installation	Hot Water Heater	12.00		
Business Name:	Gas, Electric, Oil (Circle One)			
Address:	Cooling Equipment (Interior/Exterior)			
City/State/Zip:	Refrigeration	44.00		
Phone:	# of BTU/AC:			
Email:	Tanks (Flammable Liquid or Gas)			
Contractor License #	Tank Over 275 Gallons	38.00		
Contractor or Owner certifies that all information given is correct and true and all work performed will comply with all applicable NH Fire Codes and IBC Mechanical Codes.	Retail Cylinder Exchange	35.00		
	Other Fees			
Signature: _____ Print Name: _____	Heating/Cooling Split Unit	38.00		
	Manufactured Housing	72.00		
	Metal Chimney per 10' or part of	19.00		
	Backflow Preventers each	16.00		
	Inspection after 2 nd Rejection	50.00		
Inspection – Call (603) 783-1509 Contractor and/or Property Owner must contact Code Enforcement Officer to schedule necessary inspection(s) so that we may close-out the permit. Inspections are between 8 AM – 12 Noon, Mondays and Wednesdays.	Application Fee, Non-Refundable			25.00
	Total:			

Code Official: _____

Inspection Date(s): _____

Comments: _____

Office Use		
Date:	Initial:	Fee:
Ck:	M/L	



STATE OF NEW HAMPSHIRE
DEPARTMENT OF SAFETY
DIVISION OF FIRE SAFETY
OFFICE OF THE STATE FIRE MARSHAL

PERMIT TO INSTALL AND OPERATE OIL BURNING EQUIPMENT

To the Chief of the Fire Department:

The undersigned hereby applies for a permit to install and operate oil burning equipment in compliance with RSA 153:5 and NFPA Standard #31 as follows:

Address: _____

Type of Occupancy: _____

Owner: _____

Address: _____

Town: _____ State: _____

Occupant's Name: _____

Make & Serial # of oil Burner: _____

Size & Location of tank: _____

Name of Installer: _____

Business Name: _____

Address: _____

Telephone: () _____

Signature of Owner or Installer

Date

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

Permit No.: _____

Chief or Designee

Fire Department

Date

Permission is hereby granted to operate the oil burning equipment described above which has been inspected and found to be in compliance with the State Fire Code as adopted by the State Fire Marshal.

Date

Signature of Fire Chief or Designee

DSFM 7 (REV. 01/15)

Copies: Original posted near burner
Fire Department
Installer