



TOWN NEW IPSWICH

MECHANICAL & GAS APPLICATION/ PERMIT

All Permit Fees Must Be Paid Prior to Approval of Permit
PERMIT MUST BE VISABLE FROM ROAD

Approval _____

Permit # _____

FD Oil Burner

Permit # _____

Please Print Legibly

Property Address: _____ Map/ Lot _____

Owner Name: _____

Phone #: _____

Description of Work: _____

Building Permit # (if applicable) _____ Total Cost of Improvements: \$ _____

Please check all that apply: Gas piping Mechanical

New Replacement Repair/ Alteration

SPECIFY APPLIANCE: Boiler* Furnace* Generator Rooftop Unit* Water Heater*

Fireplace Range/ Stove OTHER*: Specify: _____

**Oil Burning equipment requires Permit DSFS 7 authorized by the Fire Department and submitted with this application*

FUEL TANK: Replacement New Size: _____ Underground Above Ground

Specific Location: _____

BTU's (If applicable) Existing _____ Proposed _____ Appliance location: _____

FUEL TYPE: LPG Natural Gas Oil Solid Fuel/ Wood

PIPING TYPE: Black Iron Copper CSST Plastic

APPLICANT INFORMATION - Copy of Trade License MUST BE Provided (If applicable)

Company: _____ Name: _____

Address: _____

Phone Number: _____ License #: _____ Exp Date: _____

Email: _____

Signature _____ Date: _____

I certify that I OWN and OCCUPY the dwelling listed above and will be installing myself.

Inspection of piping is only conducted after all piping is in place and system pressurized with air and gauge.

**Oil Burning Equipment requires separate permit approval and inspection from New Ipswich Fire Dept.*

FEES:

Residential & Commercial - 1% of the Total Value for All Material and Labor Costs. (e.g. Estimated work to be performed is \$7,250 x 1% = \$72.50 Permit Fee - NOTE: Minimum Permit fee is \$45

OFFICE USE ONLY:

APPROVAL SIGNATURE: _____	TITLE: <u>Building Inspector</u>
DATE: _____ COST: _____	PAYMENT INFORMATION: _____
Permit Number Issued: _____	Fire Dept. Approval: _____

INSPECTION RECORD:	
Rough Date _____	<input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED Reason: _____
Final Date _____	<input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED Reason: _____