



CITY OF FRANKLIN, NEW HAMPSHIRE

"Three River's City"

Planning and Zoning Department
316 Central Street
Franklin, NH 03235

Tel: (603) 934-2341
Fax: (603) 934-7413

Map:
Lot:
Block:
Zone:

Gas/Mechanical Permit Application

Location of Construction (Address): _____

Primary Use of Property: ___ Residential ___ Commercial ___ Municipal ___ Other _____

Property Owner: _____ Phone #: _____

E-mail: _____

Contractor: _____ Phone #: _____

Mailing Address: _____

License Holder: _____ NH Gas Fitter License #: _____ Exp: _____

E-mail: _____

Applicant information: ___ Owner ___ Contractor ___ Other authorized agent. **IF OTHER** please fill in the info below.

Name _____ Phone #: _____ E-mail: _____

FIXTURE	TYPE	#	FIXTURE	TYPE	#
Air Conditioners			Propane Tanks		
Dryers			Ranges		
Furnaces			Unit Heaters		
Gas Generators			Water Heaters		
Grilles			Other		
Heater Range			Other		
Heating Boilers			Other		
Ovens			Other		

Description of work to be performed: _____

Note: it is the responsibility of the property owner/project manager to ensure that all contractors employed to do work have applied and received all necessary permits. It is also the responsibility of same to ensure that all inspections required are completed. If work has not begun within 6 months of issuance, permit it becomes null and void.

If this is an "After the Fact" permit, it will be subject to a fee two times the normal permit fee.

Gas fitters must have a valid license from the State of New Hampshire to obtain a permit. Permits are not transferable.

It is the responsibility of the contractor to obtain all inspections required. A rough-in inspection is required before any work is covered, and a final inspection is required when all work is complete. A forty-eight (48) hr notice is required for any inspection.

This signed application constitutes consent on the applicant's part to allow for all inspections at the property location listed.

No permit will be issued until all of the above information is furnished, and all the above conditions met.

INSPECTIONS REQUIRED:

1. When rough-in is complete and visible (Rough).
2. When job is complete, but before occupancy (Final).

The Planning/Zoning/Building Department approval would certify that the applicant could proceed with installation of electrical fixtures in accordance with specifications submitted. Any deviation from the specifications submitted will require an amendment to this permit or additional permits. If you have any questions, feel free to contact the Building Inspector office at 603-934-5680.

Statement of Compliance: I have read and understand the statement and hereby agree to all of the terms stated therein. I agree to abide by any and all codes relating to my field of work, including all national, state and local codes. I also realize that any false statement made in the application for permit may be grounds for revocation of said permit.

Cost of Construction: _____

Applicant Signature

Date

Office Use Only

Permit Fee: _____ **Cash** _____ **Check** _____ **Check #** _____

Approved

Denied

Approval Signature: _____