



Gilford Fire-Rescue

Phone (603) 527-4758 Fax (603) 527-4763
LP/NG EQUIPMENT SYSTEM INSTALLATION PERMIT

Application is hereby made in accordance with the provisions of NFPA 1 Fire Code, Town of Gilford Fire Prevention Code, Saf-C 6000 State Fire Code and regulations made under authority thereof by the undersigned for a permit to install or alter, for the person or persons and at the location named herein, certain equipment for the keeping, storage, or use of flammable or combustible gas or liquid as described below. NFPA 54 and 58 are referenced. All underground tank/piping installations require inspection prior to burying. Pressure tests must be witnessed or documentation of pressure and duration of the test provided at the time of inspection.

Inspection Site Address: _____

Property Owner's Name: _____ Property Owner's Phone: _____

Property Owner's Mailing Address _____

Installation Company Name: _____ Installer Name: _____

Gas Fitter #: _____ Office Phone: _____ Cell Phone: _____

CSST Certified: Yes _____ No _____

SIGNATURE OF APPLICANT: _____ **DATE:** _____
This application is made with full knowledge of the current regulations governing such installations, which will be made in compliance therewith. By affixing my signature to this permit application, I agree that all work done by myself or others under my supervision shall be completed in compliance to all applicable code(s), Town of Gilford Ordinances and the manufacturer's installation instructions

Appliance Manufacturer/Type: _____ Serial number: _____

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Size and Location of tank(s): () U/G () A/G _____

Indicate all that apply with a ✓

Complete System:	_____	Fee: \$60.00	(Includes: interior & exterior piping, tank & 3 appliances)
Additional Appliance:	_____	Fee: \$10.00	(With complete system permit)
Gas Appliance:	_____	Fee: \$30.00	(Includes piping)
Piping:	_____	Fee: \$15.00	(Interior or exterior; installation separate from appliance)
Tank/Piping:	_____	Fee: \$20.00	
Commercial Occupancy:	_____	Fee: \$75.00	(Includes piping, tank & 3 appliances; additional same as residential fees apply)

(Fee will be assessed for all failed permit inspections: \$25 first, \$50 second, \$100 third and each subsequent re-inspection)

Office Use Only

Issued By: _____ Date Received: _____ Check # _____ Total Paid: _____ Entered FH: _____

Revised: Apr/2017

GAS DISTRIBUTION DIAGRAM

Appliances Served	BTU's	Fuel Type	Pipe Size
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Piping System Diagram: **(show all pipe sizes, lengths and types, including bonding connection for CSST.)**

Test pressure shall be measured with a manometer or with a pressure measuring device designed and calibrated to read record or indicate a pressure loss due to leakage during the pressure test period. OXYGEN SHALL NEVER BE USED.

Notes:

Rough-in Inspections:

_____	Pass: __	Fail: __	Inspector: _____	Date/Time: _____
_____	Pass: __	Fail: __	Inspector: _____	Date/Time: _____
_____	Pass: __	Fail: __	Inspector: _____	Date/Time: _____
_____	Pass: __	Fail: __	Inspector: _____	Date/Time: _____

Final Inspection Passed: Inspector: _____ Date: _____