



# Gilford Fire-Rescue

Phone (603)527-4758 Fax (603)527-4763

## SOLID FUEL BURNING APPLIANCE 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 and burning solid fuel as described below. NFPA 211 is referenced.

Inspection Site Address: \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_ Property Owner's Phone: \_\_\_\_\_

Property Owner's Mailing Address: \_\_\_\_\_

Installation Company Name: \_\_\_\_\_ Installer Name: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Type of Fuel: \_\_\_\_\_

**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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**Indicate all that apply with a ✓**

Each appliance: \_\_\_\_\_ Fee: \$30.00

Notes:

Final Inspection **APPROVED**: Inspector: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**Office Use Only**

Issued By: \_\_\_\_\_ Date Received: \_\_\_\_\_ Check # \_\_\_\_\_ Total Paid: \_\_\_\_\_ FH \_\_\_\_\_

Revised: Feb/2016