



# Gilford Fire-Rescue

Phone (603)527-4758 Fax (603)527-4763  
**FUEL OIL EQUIPMENT INSTALLATION PERMIT**

Application is hereby made in accordance with the provisions of NFPA 1 Fire Code, Town of Gilford Fire Prevention Code, Safford 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 31 is referenced.

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

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

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

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

Technician Certified: Yes \_\_\_ No \_\_\_ Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**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)
- Oil Appliance: \_\_\_\_\_ Fee: \$30.00 (Includes piping)
- Interior Piping: \_\_\_\_\_ Fee: \$15.00 (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)**

Rough-in Inspections:  
\_\_\_\_\_  
Pass: \_\_\_ Fail: \_\_\_ Inspector: \_\_\_\_\_ Date/Time: \_\_\_\_\_  
\_\_\_\_\_  
Pass: \_\_\_ Fail: \_\_\_ Inspector: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Notes:

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

**Office Use Only**

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