



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, 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 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. Applicant responsible to schedule inspection(s). Permit expires 1 year from issue date.

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 _____
Revised: Jan/2018