



Town of East Kingston, New Hampshire
East Kingston Fire Department

PERMIT TO INSTALL AND OPERATE
GAS BURNING APPLIANCES AND PROPANE STORAGE TANKS

PROPANE_____
NATURAL GAS__

CONTRACTOR_____

ADDRESS_____

PHONE_____

PHOTOCOPY OF LICENSE NEEDED? Yes No Expiration Date_____

HOMEOWNER_____

ADDRESS_____

PHONE_____

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APPLIANCES TO BE INSTALLED (CHECK ALL THAT APPLY)

FURNACE_____ BOILER_____ WATER HEATER_____ SPACE HEATER_____

HEARTH PRODUCT_____ VENT-FREE UNIT_____ RANGE_____ DRYER_____

OTHER (list)_____

PROPANE TANK SIZE AND TYPE:

ABOVE GROUND_____

UNDERGROUND_____

SITE PLAN REQUIRED SHOWING PLOT WITH STRUCTURES, LOT LINES, TANK LOCATION AND SUPPLY LINES (MAY BE HAND DRAWN)

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When signed below by the Fire Chief or his agent, this application may be used as a **TEMPORARY PERMIT authorizing commencement of installation of equipment.** INSPECTION OF INSTALLATION IS STILL REQUIRED BEFORE BEING PUT INTO SERVICE.

FIRE CHIEF/AGENT _____ **DATE** _____

Permission is hereby granted to operate the gas equipment described above which has been inspected and found to be in compliance by the East Kingston Fire Department.

FIRE CHIEF/AGENT _____ **DATE** _____