



# TOWN OF SOUTH HAMPTON APPLICATION FOR A PERMIT TO PERFORM GAS FITTING WORK

**G**  
**TYPE OR**  
**PRINT**  
**CLEARLY**

JOB LOCATION	DATE	PERMIT # _____	
OWNER'S NAME	EMAIL		
OWNER ADDRESS	TEL	FAX	
OCCUPANCY TYPE	RESIDENTIAL	EDUCATIONAL	COMMERCIAL
NEW:	RENOVATION:	REPLACEMENT:	PLANS SUBMITTED: YES      NO

APPLIANCES	1 FLOOR→	BSM	1	2	3	<b><u>BELOW FOR OFFICE USE ONLY</u></b>
BOILER						<b>THIS APPLICATION SERVES AS THE PERMIT</b> Yes    No
BOOSETER						
CONVERSION BURNER						FEE: \$ _____ PERMIT # _____  Plan Review Notes
COOK STOVE						
DIRECT VENT HEATER						Inspection Notes
DRYER						
FIREPLACE						
FRYOLATOR						
FURANCE						
GENERATOR						
GRILLE						
INFRARED HEATER)						
LABORATORY COCKS						
MAKEUP AIR UNIT						
OVEN						
POOL HEATER						
ROOM / SPACE HEATER						
ROOF TOP UNIT						
TEST						
UNIT HEATER						
UNVENTED ROOM HEATER						
WATER HEATER						
OTHER						

I hereby certify that all of the details and information I have submitted or entered regarding this application are true and accurate to the best of my knowledge and that all gas work and installations performed under the permit issued for this application will be in compliance with the State of New Hampshire and NFPA 54 National Fuel Gas Code 2009 Edition.

PLUMBER-GAS FITTERS NAME	LICENSE #	SIGNATURE _____		
MP	CORPORATION #	PARTNERSHIP #	LLC #	
COMPANY NAME	ADDRESS			
CITY	STATE	ZIP	TEL	
FAX	CELL	EMAIL		