

MECHANICAL PERMIT

DANVILLE, NH

DATE _____

PERMIT NUMBER

Owner Name: _____

Owner Address: _____

Contractor's License Number:

Type of Building: residential ☐ duplex ☐ multi-family ☐ commercial ☐

Date ready for inspection: _____ Estimated cost: \$ _____

Work to be done: NEW ☐ ALTERATION ☐ REPAIR ☐ ADDITION ☐

TYPE OF EQUIPMENT	NUMBER	
Air Cond. Units—H.P. each		
Refrigeration Units—H.P. each		
Gas Boilers—requires gas fitter license		
Oil Boiler		
Forced Air Systems—B.T.U. M Ea.		
Floor Furnaces—B.T.U. M		
Wall Heaters—B.T.U. M		
Conversion Boiler M		
Clothes Dryer		
Ventilation Fan		
Range Hood		
Air Handling C. F. M.		
Incinerator		
Fireplace		
Generator		
Gas Piping		
Range Com: <input type="checkbox"/> Dom: <input type="checkbox"/>		
Misc.		
		To schedule an inspection, call Joe Fitzpatrick: 603-235-2897
TOTAL FEE:		

CONTRACTOR'S NAME		
ADDRESS		
CITY	STATE	ZIP CODE
PHONE NUMBER		

APPLICANT CERTIFIES THAT ALL INFORMATION GIVEN IS CORRECT AND THAT ALL PERTINENT ORDINANCES WILL BE COMPLIED WITH IN PERFORMING THE WORK FOR WHICH THIS PERMIT IS ISSUED.

Signature of applicant

Signature of Town Hall official