



Town of Milford, NH

Gas Piping / Mechanical Permit to Install

Parcel ID: Map _____ Lot _____
<input type="checkbox"/> Paid with Permit
<input type="checkbox"/> Amount _____
<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____
Office Use Only

- Gas piping only
 Mechanical appliance only
 Both Gas Piping and Mechanical

Location Of Work:	
Property Owner:	Owner's Phone #:
Description of Work:	

- Please check all that apply:
 New Appliance
 Replacement appliance
SPECIFY APPLIANCE:
 Boiler
 Furnace
 Generator
 Rooftop Unit
 Water Heater
 Fireplace/other
FUEL TYPE:
 LPG
 Natural Gas
 Oil
 Solid Fuel

Make of Appliance:	Serial Number of Appliance:
Size :	Location:

REQUIRED INFORMATION

Installer Name:		Daytime Phone #:	
Company:		Phone #:	
Address:	City:	State:	Zip:

Inspection of gas piping is required after all piping is in place. Piping system pressurized (air) to 3-5 PSI with gauge.

Signature of Installer	<input type="checkbox"/> For mechanicals only
Signature of Owner	<input type="checkbox"/> I certify that I OWN and OCCUPY the dwelling listed above, and will be installing the piping / appliance myself.
Signature of Gas Fitter	<input type="checkbox"/> RSA 153:27; NH gas fitter license # must be shown or permit will not be approved.
License #	
Exp date	

Approved By: _____ **Date:** _____
Milford Fire / Building Official

WEB

24 HOUR NOTICE
Required for inspections

673-3136 (Fire Dept)

249-0620 (Bldg Dept)