

**RUMNEY FIRE DEPARTMENT  
59 DEPOT STREET  
RUMNEY NH 03266  
PHONE/FAX 603-786-9924  
Email: fire@rumneynh.org**

**PERMIT TO INSTALL AND OPERATE LP and/or NATURAL GAS EQUIPMENT**

To the Chief of the Fire Department:

The undersigned hereby applies for a permit to install and operate LP and/or Natural Gas equipment in compliance with R.S.A. 153:5 and all applicable codes and ordinances which apply to the installation:

Address: \_\_\_\_\_

Type of Occupancy: \_\_\_\_\_

Owner: \_\_\_\_\_

Owner Tel # \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_

Occupant's name: \_\_\_\_\_

Make and Serial Number of equipment: \_\_\_\_\_

Size and Location of Fuel Container: \_\_\_\_\_

LP Gas: \_\_\_\_\_ Natural Gas: \_\_\_\_\_ Underground (UG): \_\_\_\_\_

Business Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name of Installer: \_\_\_\_\_ License Number: \_\_\_\_\_

When signing below, the installer realizes he/she shall familiarize the occupant/owner with the operating safety, and periodic maintenance requirements of the equipment, as well as providing a copy of the manufacturer's installation and operation instructions.

Date: \_\_\_\_\_ Signature of Installer: \_\_\_\_\_

When signed below by the Chief of the Fire Department this application may be used as a TEMPORARY PERMIT authorizing the installation of LP or Natural Gas Equipment

Permit No: \_\_\_\_\_ Signature of Chief or Designee: \_\_\_\_\_

Permit Fee: **\$40.00** Fire Department: \_\_\_\_\_ Rumney \_\_\_\_\_ Date: \_\_\_\_\_

Permission is hereby granted to operate the LP or Natural Gas Equipment described above which has been inspected and found to be in compliance with the State Fire Codes (Saf-C-6012-3) as adopted by the State Fire Marshall.

Date: \_\_\_\_\_ Signature of Fire Chief or Designee: \_\_\_\_\_

