



TOWN OF AMHERST FIRE RESCUE

177 Amherst Street
Amherst, NH 03031

Phone (603) 673-1545

Fax (603) 672-3927

Life Safety / Mechanical Permit

The undersigned hereby applies for a permit and to complete work in compliance with applicable NH State Fire & Life Safety Codes and NFPA Standards as adopted by the State of NH and the Town of Amherst.

For ALL inspections, contact Deputy Chief Roy Olsen at 603-673-1545 ext. 302

Address _____ Lot # _____

Type of Occupancy: _____ New Construction: ☐ Yes ☐ No

Owner's Name _____ Owner's Telephone: _____

Owner's Address _____
Street town state zip

Occupant's Name: _____ Occupant's Telephone: _____

Description of Work: _____

Container Location: ☐ N/A ☐ Above Ground ☐ Below Ground Gallon Capacity: _____

SN: _____ Year of Manufacture: _____ ☐ New ☐ Old

Name of Contractor: _____ Telephone: _____

Contractor Address: _____
Street Town State Zip

License #: _____ Expiration Date: _____

Contractor Email Address: _____

Date

Signature of Owner or Installer

Additional Comments: _____

When signed below by the Fire Inspector or their designee, this application may be used as the PERMIT authorizing the work and/or installation based on approved plans.

Office Use Only:

Inspection Scheduled: _____ **Time:** _____

Signature of Inspector: _____ **Date:** _____

Fees: Fuel Piping _____ Fuel Burners _____ Storage Tank _____ Alarms _____ Inspec Svcs _____
Total _____ Paid _____ Pd Date _____ [Cash Check]