



# TOWN OF AMHERST FIRE RESCUE

P.O. Box 1199, 177 Amherst Street  
Amherst, NH 03031

Phone (603) 673-1545 x302 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.

***FIRE RESCUE MUST BE CALLED FOR ALL INSPECTIONS.***

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 Information: \_\_\_\_\_

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

Signature of Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

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