

Tax Map  
Parcel \_\_\_\_\_  
Permit Fee: **\$50.00**  
☐ Paid with Permit  
☐ Cash  
☐ Check # \_\_\_\_\_  
**Official Use Only**

# Town of Temple

BUILDING INSPECTOR

## MECHANICAL PERMIT

BLDG - FORM - 0120

Job Location: \_\_\_\_\_  
Property Owner \_\_\_\_\_ Phone # \_\_\_\_\_

Description of Work: ☐ Commercial ☐ Industrial ☐ Residential

- ☐ New ☐ Replacement  
☐ Natural Gas ☐ Propane ☐ Other \_\_\_\_\_

### Specific Appliances (Check All that apply)

### Required Protection

- |   |                                       |                                      |  |
|---|---------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Generator  | <input type="checkbox"/> Water Heater | <input type="checkbox"/> Gas Stove   | <input type="checkbox"/> 1/2" Sheetrock – 3ft around |
| <input type="checkbox"/> Boiler   | <input type="checkbox"/> Range        | <input type="checkbox"/> Dryer       | <input type="checkbox"/> Sprinkler Head              |
| <input type="checkbox"/> Furnace BTU Rating _____ Make _____ Model # _____                  |                                       |                                      |  |
| <input type="checkbox"/> Fireplace Insert   | <input type="checkbox"/> Gas Logs     | <input type="checkbox"/> Power Vent  |  |
| <input type="checkbox"/> Heat Pump  | <input type="checkbox"/> Geo- Thermal | <input type="checkbox"/> Other _____ |  |
| <input type="checkbox"/> Replacement of Existing Unit - Type _____ Make _____ Model # _____ |                                       |                                      |  |
| <input type="checkbox"/> Conversion: From _____ To _____                                    |                                       |                                      |  |

Applicant: \_\_\_\_\_  
Address: \_\_\_\_\_  
City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

NH Gas Fitters License # \_\_\_\_\_  
Contact Phone #: \_\_\_\_\_  
Signature \_\_\_\_\_  
**\* Provide Photocopy of appropriate current NH license with Photo**

Inspection of Gas Piping Required after All Piping is in Place. (***Air Tested to 3 – 5 PSI***)

\*\*\*\*\* **24 HOUR NOTICE IS REQUIRED FOR INSPECTION** \*\*\*\*\*

**Inspected By:** \_\_\_\_\_

**Will Wildes Phone # (603) 878-4320**

*Please be advised that the work described above may require other NH licensed professions, permits, and inspections. It's the applicant's responsibility to obtain any and all associated permits required for code compliance.*

- ☐ I Certify that I have the authority to sign for the property owner listed above and will be installing all the work according to the state of NH adopted building codes **and will call for required Inspections**

- ☐ I Certify that I am the owner of the property listed above and will be installing all the work according to the state of NH adopted building codes **and will call for required Inspections.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Property Owner

APPROVED BY: \_\_\_\_\_  
Authorized Signature of Assistant to Select Board Date

CALL DIG SAFE (888) 344-7233 IT'S THE LAW

IT IS YOUR RESPONSIBILITY  
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