MERRIMACK FIRE DEPARTMENT

FIRE PREVENTION

STORAGE TANK PERMIT

OFM-FRM-001

Tax Map Parcel _____
Permit Fee: _____
Total $ _____
☐ Paid with Permit
☐ Cash
☐ Check # _____
Official Use Only

Site location: _____

Property Owner _____ Phone # _____

Description of Work: ☐ Commercial ☐ Residential

❒ See attached Documents/ Plans

☐ RESIDENTIAL 1 OR 2 FAMILY, $25.00 EACH TANK NUMBER OF TANKS_____SIZE_____

☐ ALL OTHER LOCATIONS, $50.00 EACH TANK NUMBER OF TANKS _____SIZE_____

☐ EXCHANGE CAGE, $50.00 EACH CAGE NUMBER OF CAGES _____

☐ NEW ☐ TEMPORARY TANK

☐ SWAP TANK/S ☐ GAS LINE ONLY

Tank Type

☐ ABOVE GROUND ☐ UNDERGROUND

Required Protection

☐ Bollards # _____

☐ Other _____

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

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

(603)-424-3690

Installer: _____

Company: _____

Address: _____

City _____ ST _____ Zip _____

NH Gas Fitters License # _____

Contact Phone #: _____

Signature _____

* Provide appropriate current NH license with Photo ID

❒ 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.

_____
Signature of Applicant

❒ 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.

_____
Signature of Owner

APPROVED BY: _____ _____

Authorized Signature Date

IT'S YOUR RESPONSIBILITY

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

Revised 05/24/2016