



## HAMPTON FALLS FIRE RESCUE

3 Drinkwater Road  
Hampton Falls, NH 03844  
Business (603) 926-5752 Fax (603) 929-0587

### LP APPLICATION INSTALLATION OF PIPING AND/OR LP GAS TANKS

Application is hereby made in accordance with the provisions of NFPA 1, 54, 58 (editions and modifications as adopted by NH) and the NH Fire/Mechanical codes and regulations made under authority thereof by the undersigned requesting a permit to install or alter for the person or persons and at the location named herein, certain equipment for the keeping, storage, or use of flammable or combustible gas/liquids for fuel OR installation of certain piping for fuels as described below:

NAME: (Owner/Occupant): \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

CONTACT PHONE NUMBER (Home/Cell): \_\_\_\_\_

PAYABLE TO: **TOWN OF HAMPTON FALLS, NH** **credit cards not accepted**

APPLICATION FOR \_\_\_\_\_ LP TANK (\$25.00) \_\_\_\_\_ PIPING (\$40.00) \_\_\_\_\_ BOTH (\$65.00)

APPLICANT (COMPANY OR INDIVIDUAL): \_\_\_\_\_

GAS FITTER #: \_\_\_\_\_ ENDORSEMENTS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX OR EMAIL: \_\_\_\_\_

DESCRIPTION OF WORK: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Include a drawing showing distances to bldgs., lot lines and tank. Indicate the size/type of the tank and supply lines.**

Use back of application if more space is needed.

SIGNATURE OF APPLICANT: X \_\_\_\_\_ DATE: \_\_\_\_\_

This application is made with full knowledge of the current regulations governing such installations, which will be made in compliance therewith. By affixing my signature to this application, I agree that all work done by myself or others under my supervision shall be completed in compliance to all NH applicable laws, codes(s) and manufacturer's installation instructions.

A COPY OF THE APPROVED PERMIT MUST BE POSTED AT THE WORK SITE PRIOR TO BEGINNING THE INSTALLATION OF ANY TANKS OR PIPING. INSPECTIONS ARE REQUIRED ONCE INSTALLATION IS COMPLETE, AND MUST BE SCHEDULED WITH THREE DAYS ADVANCE NOTICE. TAGS WILL BE PLACED WHEN INSTALLATION HAS BEEN INSPECTED AND APPROVED.

DATE RCVD: \_\_\_\_\_ TAG # \_\_\_\_\_ CHECK:# \_\_\_\_\_