MECHANICAL/ GAS PERMIT

Town of Milton, NH

Permit #: _____

Building Inspector
(603) 652-4501 x 7
landuse@miltonnh-us.com

Property Address: _____ **Unit #** _____ **Map/Lot#** _____

SERVICE INFORMATION

BUILDING USE/OCCUPANCY CLASS:

☐ Residential / Single/Two-family ☐ Multi-family

☐ Commercial / Industrial: Business / Tenant Name: _____

DETAILED SCOPE OF WORK : _____

Estimated Value of Improvement Work $ _____

Is digging required for this project? **YES** or **NO** Dig Safe #_____ Dig Safe Exp. Date _____

MECHANICAL INSTALATION INFORMATION

Heating ☐ Ventilation ☐ Air Conditioning: ☐

Other:_____

GAS INSTALLATION INFORMATION

Description of fixture or appliance you are piping gas to:

_____

New service? YES or NO
Re-piping of existing service? YES or NO
Gas piping type:_____

INSTALLER INFORMATION

Installer: _____ License #: _____ Exp: _____

Company Name: _____ Company Phone: _____

Address: _____ City _____ State _____ Zip _____

Email: _____ Installer Phone: _____

Applicant Signature: _____ Date: _____

OWNER INFORMATION

Name: _____ Phone: _____

Address: _____

City _____ State _____ Zip _____

Email: _____

Fee: $50 Payment: ☐ Cash ☐ Check # _____ Receipt#_____

Approval: _____ Issue Date: _____

Town of Milton Building Official

Permit # _____

Property Address: _____