



**RAYMOND FIRE DEPARTMENT**

1 Scribner Road  
Raymond, New Hampshire 03077  
Bus: (603) 895-3321 Fax: (603) 895-0188

**Attach Installer License Here**

# **Gas (LP) Installation Permit**

**Permit fee is \$43.00**

Property Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_

Installer Name: \_\_\_\_\_ Installer Phone Number: \_\_\_\_\_

Company Name: \_\_\_\_\_ Company Phone Number: \_\_\_\_\_

Company Address \_\_\_\_\_

Company / Contractor License Number \_\_\_\_\_ Company email: \_\_\_\_\_  
Expiration date \_\_\_\_\_

Work being performed is:    New \_\_\_\_\_                      Replacement \_\_\_\_\_

Description of work to be performed \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LPG Source:** New \_\_\_\_\_ Existing \_\_\_\_\_ Capacity of tanks \_\_\_\_\_ Gal.

*Applicant certifies that all work will be performed in compliance of all applicable codes, laws, and ordinances. Installer is responsible to ensure all applicable inspections are completed.*

**Estimated project completion date:** \_\_\_\_\_ *Call 895-3321 for inspection.*

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_

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***For Inspector Use Only***

Pressure test: Date \_\_\_\_\_ Time \_\_\_\_\_ PSI observed \_\_\_\_\_

Comments \_\_\_\_\_

Inspector \_\_\_\_\_ Date of acceptance \_\_\_\_\_