



**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 \$40.00**

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

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

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

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

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

Company / Contractor License Number \_\_\_\_\_

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 \_\_\_\_\_

***For Inspector Use Only***

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

Comments \_\_\_\_\_

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