



FUEL GAS PERMIT

Town of Jaffrey

Building Inspector

(603) 532-7445

Fax (603) 532-7862

rdeschenes@townofjaffrey.com

Permit #: _____

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 _____

GAS TANK INFORMATION

Above Ground In Ground

Tank Manufacturer _____

Year Manufactured _____ Serial # _____

Tank _____ Capacity _____

Is the gas tank ASME certified? **YES** or **NO**

GAS LINE 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: _____

Applicant must have Gas Fitter License. Gas fitting includes point of delivery of fuel to outside atmosphere including combustion air.

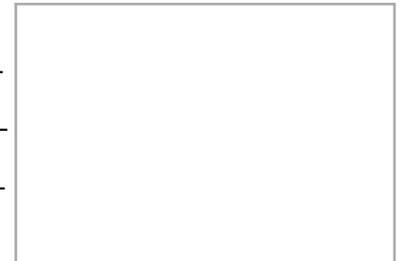
OWNER INFORMATION

Name: _____ Phone: _____

Address: _____

City _____ State _____ Zip _____

Email: _____



Town Use Only

Fee: \$ _____ Payment Information: Cash Check # _____ Credit Card

Approval: _____

Issue Date: _____

Town of Jaffrey Building Official

Permit # _____

Property Address: _____