



MECHANICAL PERMIT

TOWN OF EXETER
BUILDING DEPARTMENT
10 FRONT STREET
EXETER, NH 03833

PH: 603-773-6112 FAX: 603-772-4709

DATE: _____

PERMIT #: _____

BLDG PERM #: _____

CONTRACTOR NAME: _____

CONTRACTOR LICENSE NO. _____ EXP. DATE: _____

CONTRACTOR ADDRESS: _____ CITY/STATE _____ ZIP _____

CONTRACTOR PH: _____ EMAIL _____

OWNER NAME: _____ PH: _____

SITE ADDRESS: _____ TYPE OF BUILDING: _____ USED AS: _____

(CIRCLE ONE) NEW ALTERATION REPAIR ADDITION / (CIRCLE ONE) OIL GAS LPG ELECT

ITEM	NUMBER	DESCRIPTION
AIR COND. UNITS	H.P. Ea. _____	_____
REFRIGERATION UNITS	H.P. Ea. _____	_____
BOILERS	H.P. Ea. _____	_____
FORCED AIR SYS-B.T.U.	M. Ea. _____	_____
GRAVITY SYSTEMS-B.T.U.	M. Ea. _____	_____
FLOOR FURNACE- B.T.U.	M _____	_____
WALL HEATER- B.T.U.	M _____	_____
UNIT HEATERS-B.T.U.	M _____	_____
CONVERSION BURNER	_____	_____
CLOTHES DRYER	_____	_____
VENTILATION FAN	_____	_____
RANGE HOOD	_____	_____
AIR HANDLING	C.F.M. _____	_____
INCINERATOR	_____	ESTIMATED COST: _____
GAS PIPING	_____	APP FEE: _____ PERM FEE: _____
RANGE COM. _____ DOM. _____	_____	TOTAL FEE: _____
OTHER: _____	_____	(CIRCLE ONE) CASH OR CHK # _____ INIT: _____

APPLICANT CERTIFIES THAT ALL INFORMATION GIVEN IS CORRECT AND THAT ALL PERTINENT MECHANICAL ORDINANCES WILL BE COMPLIED WITH IN PERFORMING THE WORK FOR WHICH THIS PERMIT IS ISSUED.

Signature of Contractor or his Representative Making This Application

Date

Signature of Permit Clerk- Town of Exeter

Date