Mechanical Permit

TOWN OF WEARE BUILDING DEPARTMENT
15 Flanders Memorial Road • Weare, New Hampshire 03281
Ph. 603-529-7586

Office Use Only
Map: _____ Lot: _____
Date received: _____
Permit #: _____
Cash/ Check #: _____

CONTRACTOR LICENSE NO. _____
LOCATION_____
OWNER_____
KIND OF BUILDING_____ USED AS_____
TO BE COMPLETED ABOUT_____ ESTIMATED COST $_____

CIRCLE BELOW-
NEW - ALTERATION - REPAIR - ADDITION OIL GAS LPG ELECT.

Type of Equipment	Quantity
AIR Cond. Units- H.P EC.	
REFRIDGERATION UNIT- H.P EA	
BOILERS H.P EA.	
FORCED AIR SYSTEM- B.T.U M EA.	
GRAVITY SYSTEM - B.T.U M EA.	
FLOOR FURNACES-B.T.U M	
WALL HEATER –B.T.U M	
UNIT HEATER –B.T.U M	
CONVERSION BURNER	
CLOTHES DRYER	
VENTILATION FAN	
RANGE HOOD	
AIR HANDLING C.F.M	
INCINERATOR	
GAS PIPING	
RANGE [] COM. []DOM	
SUB FEEDER SIZE	
TANKS	
OTHER:	

Contractors Information:

Name:	Email:
Address: _____ *City:* *State:* *Zip:*	Phone Number:

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

_____ _____
SIGNATURE OF CONTRACTOR OR HIS AUTHORIZED REPRESENTATIVE MAKING APPLICATION SIGNATURE OF PERMIT CLERK