Mechanical Permit Application

Town of Fitzwilliam
Building Department
P.O. 725 13 Templeton Turnpike
Fitzwilliam, NH 03447
Office 603-552-6862
Fax 603-585-7744
buildfitzwilliam@gmail.com

Issue Date:_____
Permit #:_____
(This area is for office use only

Map #_____
Lot # _____
Sub lot # _____

Owner:_____

Location (Street #, Street Name):_____

Street Address (if different from above)**:**_____

City: _____ State: _____Zip:_____

Telephone: _____ Cell Phone _____

Email:_____

Contractor:_____

Address:_____

City: _____State: _____Zip:_____

Telephone: _____ Cell Phone: _____

Email:_____

License # :_____ **License expiration date:**_____

Residential Property ☐ or Commercial Property ☐ FUEL TYPE: _____

Cost of Construction:_____

DESCRIPTION OF CONSTRUCTION TO BE PERFORMED:

Heating:_____

_____

Ventilation:_____

_____

Air Conditioning:_____

_____

Other:_____

_____

Inspections are required.

The responsibility for compliance with all applicable building codes, town ordinances and state laws rests solely upon the property owner and his /her agent. Plans (when required) must be submitted to the Fitzwilliam Building Department for approval.

Notes:
It is the responsibility of all contractors to obtain the necessary permits from the Building Department office **before** any work has begun. Work must begin within six (6) months of the issuance of any permit.

Permits are non-transferrable. If this is an "After the Fact" permit, it will be subject to a fee two times the normal permit fee.

Contractors must have a valid license from the State of New Hampshire to obtain a permit. Permits are non-transferrable.

It is the responsibility of the contractor to obtain all inspections required. A rough-in inspection is required before any work is covered, and a final inspection is required when all work is complete. A minimum of twenty-four (24) hour notice is required for any inspection. ***This signed application constitutes consent on the applicant's part to allow for all inspection at the property location listed.***

No permit will be issued until all of the above information is furnished, and all the above conditions are met.

If you have any questions, feel free to contact the Building Office at (603) 552-6862

In Office Hours: Tues – Thurs call to schedule appointment. **Inspections by Appointment call to schedule.**

Statement of compliance:
I have read and understand the statement and hereby agree to all of the terms stated therein. I agree to abide by any and all codes relating to my field of work, including all national, state and local codes. I also realize that any false statement made in the application for permit may be grounds for revocation of said permit.

Code Enforcement Approval would certify that the applicant could proceed with certain building improvements in accordance with the specifications submitted. Any deviation from the specifications submitted will require an amendment to this permit or additional permits.

_____ _____
Applicant Signature **Date**

Permit Fee: _____

Paid: ☐Cash _____ ☐Check#_____

Approved by:_____ _____
Leon Genre, Building Inspector **Date**