Office: 603-464-3248 Permit #:	NEW HANDS	Town of Deering Building Inspector 603-547-0437 Office: 603-464-3248	Map & Lot #:
GAS PERMIT Please print in ink or type all information. The undersigned applied for a permit to perform the gas work described below: Owner Name:	TOPPORATED TH		37 Permit #: <u>GAS</u> .
The undersigned applied for a permit to perform the gas work described below: Owner Name: Owner Address: Location (# & street): Location (# & street): Is this a rental property? Yes No 'If Yes, do you have an Acknowledgment & Consent form recorded at the Hillsborough County Re of Deeds, as required by RSA 674-412 if you do not, please contact the Deering Town Hall to com an Acknowledgment & Consent form. Is this permit a conjunction with a building permit? Yes No Type of work: New work Replacement Extension of old v ready for air pressure test and again when finish work is completed. Describe work to be performed: Gas Fitter's Name: Company Name: Address: (Gas Fitter)		GAS PERMIT	Fee: <u>\$50.00</u> □ Paid
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Owner Name:			low.
Owner Address:	C 1 1		
Location (# & street):			
Is this a rental property? Yes No Is this property located on a Private or Class VI road? Yes* No Types, do you have an Acknowledgment & Consent form recorded at the Hillsborough County Re of Deeds, as required by RSA 674:41? If you do not, please contact the Deering Town Hall to com an Acknowledgment & Consent form. Is this permit a conjunction with a building permit? Is this permit a conjunction with a building permit? Yes No Type of work: New work Replacement Extension of old v Permit must be obtained before work is started and notice given to Inspector wh ready for air pressure test and again when finish work is completed. Describe work to be performed: Gas Fitter's Name: Company Name: Kignature: (Gas Fitter) Comparise the complete test is completed. Signature: (Gas Fitter)			
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Company Name: Phone #: Address:	ready for air pre	essure test and again when finish	h work is completed.
Address: Signature: Date: (Gas Fitter)	Fitter's Name:		License #:
 Signature: Date: (Gas Fitter)	pany Name:		Phone #:
Signature: Date: (Gas Fitter)			
Approval/Signature: Date:			
(Michael Borden, Building Inspector)	ature:(Gas Fitter)	Dale:
762 Deering Center Road Deering, NH 03244 www.deering.nh.us	(oval/Signature:	Gas Fitter)	Date: