

Town of Deering Building Inspector 603-547-0437

Office: 603-464-3248

Map & Lot #:	
•	

Permit #: ____-__-<u>MECH</u>

Fee: <u>\$50.00</u>

□ Paid

MECHANICAL HV/AC PERMIT

Please print in ink or type all information. The undersigned applied for a permit to perform the mechanical work described below: Owner Name: Owner Address:										
						Location (# & street):				
						Is this a rental property?	□ Yes	□ No		
						Is this property located of	on a Private or Cla	ass VI road?	□ Yes*	□ No **
* If Yes, do you have ar of Deeds, as required b**If No, please contact	y RSA 674:41?			sborough County Registry nt & Consent form.						
Is this permit a conjunct	on with a building	g permit?	□ Yes	□ No						
Type of work: ☐ Nev	v work □ Re	eplacement	□ E x	ctension of old work						
Permit must be obtain ready for in	med:	in when finish	n work is co	mpleted.						
Contractor's Name:			License #: _							
Company Name:		Phone	e #: <u>(</u>)	<u>-</u>						
Address:										
Signature:	(Contractor)			Date:						
Approval/Signature:	,	lding Inspector)		Date:						