APPLICATION FOR MECHANICAL PERMIT	Permit No. (issued by the P/Z Office) **M -**
City of Franklin, New Hampshire	Please print legibly and with pen

Street Address for Proposed Project: _____ **Franklin, New Hampshire**

Map/Lot # (Parcel ID): - - New Map #: Zone:

Owners Name:				
Address (where owner resides):	Street Address	City	State	Zip Code
Telephone (Contact info):	(Home Phone)	(Work Phone)	(Cell Phone)	(email)

Person completing application: _____

Person to contact to pick up approved permit: _____ Phone: _____

IF YOU ARE NOT THE OWNER, A LETTER OF AUTHORIZATION MUST BE SUBMITTED WITH THIS APPLICATION.

Type of Property: ☐ **Single Family** ☐ **Two-Family**
(as it exists prior to proposal) ☐ **Multi-Family** ☐ **Business/Commercial/Industrial**

A Mechanical Permit is $60.00.

The cost of work must include labor and materials even if free. Estimate cost to the nearest dollar.

This permit MUST only be filled out for work being completed that only consists of one of the following: Gas, Electric, Plumbing, Heating Changes. IF Any other work is being completed, a full building permit must be filled out and filed with the Planning and Zoning Office.

☐ **Mechanical Permit** **Total cost of these improvements to the property** **$_____**

Describe the proposed project (be specific and print please):

You must be specific as to the work that will be taking place. If you are replacing furnaces, state that, if you are changing from oil to gas, please state this.

Type of Permit: ☐ Gas ☐ Electrical ☐ Plumbing ☐ Other, explain _____

Please list the NAME and STATE CERTIFIED LICENSE NUMBER (when applicable) ***PLEASE PRINT***

Name:	**Telephone #**
Company Name:	
NH License #	

I certify that the above information is accurate. I understand that any misstatement on this application may be grounds for the revocation of any permit issued.

_____	_____	_____
Signature of Person completing application	**Printed Name of person completing application**	**Date**

DO NOT WRITE IN THIS SPACE- FOR OFFICE USE ONLY

Date Submitted: _____ **Amount Collected:** $ _____

Form of Payment: ☐ **Cash** ☐ **Check** # _____

Information Needed: _____

Denied: ☐

Reason for Denial _____

Approved: ☐

Stipulation of Approval _____

_____ _____

Approval By **Date**

Inspections Ordered by Building Inspector:

Inspections must be requested for:

Foundation/Footing _____ ☐

Rough _____ ☐

Insulation _____ ☐

Final Chuck Bodien, 934-5680 ☒

Other _____ ☐

"All work must comply with State and Local Code Requirements."

IF ANY OF THESE INSPECTIONS, ORDERED BY THE BUILDING INSPECTOR ARE CONDUCTED AND YOU FAIL THAT INSPECTION, THERE IS A $50.00 REINSPECTION FEE THAT MUST BE PAID PRIOR TO ANY OCCUPANCY PERMITS BEING ISSUED FOR THE USE OF THE PROPOSAL.