Print Form

SAME DAY ISSUANCE

Town of Milford, NH

Permit to Install

Mechanical Appliance
(no gas piping)

Parcel ID:
Map_____ Lot_____
Office Use Only
Fees $____ $_____ $_____ = $_____
❑ Cash ❑ Check # _____
Application #_____
MP Heat# _____
MP H_20# _____
MP Other #_____

Location Of Work:	
Property Owner Name:	Owner's Phone #:
Description of Work:	

Please check all that apply: ❑ **New Appliance** ❑ **Replacement appliance**

SPECIFY APPLIANCE: ❑ Boiler ❑ Furnace ❑ Generator ❑ Rooftop Unit ❑ Water Heater ❑ Fireplace/other

FUEL TYPE: ❑ LPG ❑ Natural Gas ❑ Oil ❑ Solid Fuel

GAS PIPING: See separate Gas Piping permit #: _____

***Gas piping requires current NH Gas Fitters license (if not residing owner)**

Make of Appliance:	Serial Number of Appliance:
Appliance size: _____ BTU's (if applicable) Existing _____ Proposed _____	Appliance location:

REQUIRED INFORMATION

Company:		Daytime Phone #:	
Installer Name:		Email:	
Address:	City:	State:	Zip:

_____
Signature of Installer

_____
Signature of Owner

❑ I certify that I OWN and OCCUPY the dwelling listed above, and will be installing the appliance myself.

24 HOUR NOTICE
Required for inspections

249-0680 (Fire Dept)

249-0620 (Bldg Dept)

Dept designee: _____ **Date:** _____

Approved by: _____ **Date:** _____
Milford Fire / Building Official

Inspection type: _____

Inspected by: _____ **Date:** _____