TOWN OF DUBLIN, NEW HAMPSHIRE



Office of the Selectmen 1120 Main Street P.O. Box 277 Dublin, NH 03444-0277

Town Administrator townadministrator@townofdublin.org

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GAS PERMIT

Map & Lot #:	Permit #: <u>-GAS</u>
Please print in ink or type all information. The undersigned applied for a permit to perform the gas work	Fee: <u>\$50.00</u> □ Paid described below:
Owner Name:	
Owner Address:	
Location (# & street):	
Is this permit a conjunction with a building permit? Yes □ N	lo 🗆
Type of work: ☐ New work ☐ Replacement	☐ Extension of old work
Permit must be obtained before work is started and notice giv air pressure test and again when finish work is completed.	en to Inspector when ready for
Describe work to be performed:	e
Gas License #:	
Gas Fitter's Name:	
Company Name:	
Address:	
Phone:	
Signature:(Gas Fitter)	Date:
Approval/Signature:(Michael Borden, Building Inspecto	Date: