

Date _____
Permit No. _____
M/L _____

**TOWN OF NEW BOSTON
BUILDING DEPARTMENT
PO BOX 250
NEW BOSTON, NH 03070
PH. 603-487-5504 ext 150
FAX 603-487-2975**

CONTACT INFORMATION

Tuesday and Thursday 9am-4pm
building@newbostonnh.gov

APPLICATION FOR SPRINKLER PERMIT

INSTALLER SHALL CONTACT THE INSPECTOR FOR THE DAY THEY WISH TO HAVE THE INSPECTION BASED ON THE ABOVE SCHEDULE ABOVE

Contractor's License No. _____ Expiration Date: _____

*******PLEASE PROVIDE A PHOTOCOPY OF CONTRACTORS LICENSE*******

Please print in ink or type all information

The undersigned applies for a permit to perform the mechanical work described below.

Location _____

Owner or Tenant _____ Phone _____

Owner's Address _____

Type of System (Example NFPA 13 D) _____

Date anticipating work to start _____ * Note NO work should start until approval of the plans*

All items that must be submitted:

- ☐ 3 sets of plans need to be submitted (Minimum 2 weeks before work begins)
- ☐ NICET Level 2 or higher signature for the plans
- ☐ 1 Set of complete products cut sheet shall be supplied with plans.
- ☐ Sprinkler system shall meet all Town of New Boston building codes (codes are available online and at the office)

Contractor's Signature: _____ Date: _____

Contractor's Name _____

Address _____

Phone _____ Cell Phone _____

Email _____

Building Inspector or Designee's Signature:

_____ Date _____