



Town of BROOKLINE, NEW HAMPSHIRE Inspection Services Fire Inspector Brookline, NH 03033

[ ] Residential [ ] Commercial/ Industrial

Permit # \_\_\_\_\_

Phone (603) 672-8531 Fax (603) 672-8538

[ ] New [ ] Addition [ ] Replacement

Masonry & Metal Flue Pipe Chimneys

Fee: \_\_\_\_\_

MASONRY, NON-MASONRY CHIMNEY AND SOLID FUEL FIREPLACE PERMIT

The undersigned hereby applies for a permit to install and operate oil burning equipment in compliance with R.S.A. 153:5 and N.F.P.A. Standard # 31

Date: \_\_\_\_\_ Lot: \_\_\_\_\_ Job Location: \_\_\_\_\_

Owner and / or Tenant \_\_\_\_\_ Tel.: \_\_\_\_\_

1. The undersigned hereby applies for a permit to install and operate fuel burning equipment in compliance with R.S.A. 153:5 and N.F.P.A. Standard # 31

Fuel : [ ] Wood, [ ] Pellets, [ ] Coal, [ ] Liquid, [ ] Other \_\_\_\_\_

Equipment: [ ] Fireplace, [ ] Stand alone room heater, [ ] Other \_\_\_\_\_

Mfg. \_\_\_\_\_ Model # \_\_\_\_\_ S/N \_\_\_\_\_ [ ] Stand alone room heater:

Mfg. \_\_\_\_\_ Model # \_\_\_\_\_ S/N \_\_\_\_\_ [ ] Masonry Chimney & Fire place Data:

Number of Chimneys [ ] Number of Flues [ ] Flue Size \_\_\_\_\_ Size of Block/Brick \_\_\_\_\_

Type of Material \_\_\_\_\_

Description of work \_\_\_\_\_

Signature \_\_\_\_\_ Fee: \_\_\_\_\_ [ ] Cash [ ] Check # \_\_\_\_\_

Installer \_\_\_\_\_ Lic # \_\_\_\_\_ Business Name \_\_\_\_\_

As of January 2008

Place payment below this line and copy for receipt

Address \_\_\_\_\_ City / Town \_\_\_\_\_ Tel # \_\_\_\_\_ Alt # \_\_\_\_\_

Town of Brookline codes, International Fuel Gas code, NFPA 52 Compressed Natural Gas code, NFPA 54 National Fuel Gas code, NFPA 31 National Oil Burning All work will be in compliance with one or more of the following codes :State (State Fire Code (Fir 602 and SAF-C 6012) as Adopted by the State Fire Marshal) and Equipment code, NFPA 211 Chimney, Fresh Air Vent, Fireplace, and Solid Fuel Appliance code, NFPA 121-2.32 Emergency Shut Off code, CABO Code, 1995 Edition Chpt.10.

\* Inspection Services Approval \_\_\_\_\_ Date \_\_\_\_\_

When signed below by the Fire Chief or Designee, this application is a TEMPORARY PERMIT authorizing the above installation

Fire Chief or Designee \_\_\_\_\_ Date \_\_\_\_\_

Certificate of Compliance

Permission is hereby granted to operate the above equipment / appliances in compliance with State Codes adopted by the State Fire Marshal office and Town of Brookline Codes

Fire Chief or Designee \_\_\_\_\_ Date \_\_\_\_\_

White Copy FD - Applicant/Receipt Copy Salmon - File Copy Blue