



Tank Permit Application

Town of BROOKLINE, NEW HAMPSHIRE

[] Residential [] Commercial/ Industrial

Building Department Fire Department Brookline, NH 03033

Fee: \$35.00

Permit # _____ - _____

Phone (603) 673-8855 Ex. 230

Fuel Storage / Tank Permit

Is this lot with the Shoreline Protection Zone Y N

INSTALLATION of FUEL STORAGE

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

Date: _____ Lot: _____ Job Location: _____

Owner and / or Tenant: _____

Excavation contractor: _____ Address: _____

Contact Person for Inspection: Name _____ Tel. _____

Fuel: Gas LP [] Natural [] Oil [] Kerosene [] Solid Fuel (Wood / Coal) []

Tank Size: _____ in Ground [] Above Ground []

Location/Storage: _____

The undersigned hereby applies for a permit to install fuel storage/tanks as per: 53:5 and N.F.P.A. Standard # 31 Note: Sketch of tank location use reverse side

Description of work: _____

Signature _____ Fee: _____ [] Cash [] Check # _____

Installer _____ Lic # _____ Business Name _____

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:

Place payment below this line and copy for receipt

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