



PELHAM FIRE DEPARTMENT

**P. O. Box 321
Pelham, NH 03076**

**James F. Midgley
Fire Chief**

Propane Tank Permit

NOTE: In accordance with the Pelham Fire Department, no work will begin prior to the issuance of proper permits and documentation and/or approvals by the Pelham Fire Department. This permit expires 1 year from issue date.

Underground Tank

Aboveground Tank

All fields shall be completed. If not applicable, please mark with N/A. Permit Fees are collected at the time of submittal. Submittal shall include at least one set of drawings and cut-sheets for equipment to be installed.

Date: _____

TANK SITE LOCATION

Building / Site Name: _____

Site Address: Number: _____ Street Name: _____

APPLICANT (Business or Home Owner) INFORMATION

NAME: _____

ADDRESS: _____ City: _____ State: _____ Zip: _____

PHONE#: _____ Fax#: _____ E-Mail: _____

CONTACT NAME: _____ Cell Phone: _____

INSTALLER PERFORMING WORK

COMPANY NAME: _____

ADDRESS: _____ City: _____ State: _____ Zip: _____

PHONE#: _____ Fax#: _____ E-Mail: _____

*GAS FITTING BUSINESS ENTITY LICENSE #: _____ EXPIRATION: _____
(*Optional)

**GAS FITTING BUSINESS REPRESENTATIVE SIGNATURE: _____

TYPE OF FACILITY PLEASE CHECK APPLICABLE BOX. PERMIT FEE IS FOR EACH TANK

Residential Single Family \$25.00 <input type="checkbox"/>	Government \$50.00 <input type="checkbox"/>	Residential Multi-Family \$50.00 <input type="checkbox"/>
Service Station \$50.00 <input type="checkbox"/>	Educational \$50.00 <input type="checkbox"/>	Mercantile \$50.00 <input type="checkbox"/>
Industrial \$50.00 <input type="checkbox"/>		Office / Business \$50.00 <input type="checkbox"/>
Exchange Cage \$50.00 <input type="checkbox"/>		
Temporary Tank Installation (Less than 30 days) \$ 25.00 <input type="checkbox"/>		Propane Line ONLY \$ 25.00 <input type="checkbox"/>

Inspection Date: _____

Reinspection Date: _____

Reinspection Date at \$20/each Reinspection: _____

APPROVED PLANS AND A COPY OF THE PERMIT MUST BE KEPT ON SITE DURING INSTALLATION/REMOVAL WORK

I HAVE REVIEWED THE PROPANE INSTALLATION CHECKLIST _____ (INITIAL)

INSTALLER'S SIGNATURE _____ Date _____

*Permit not valid without signature of person completing work

PRINT NAME _____ Date _____

NH GAS FITTERS LICENSE #: _____ EXPIRATION: _____

Emergency: 603-635-2421

Business: 603-635-2703

Fax: 603-635-6970

TANK INFORMATION (PLEASE CHECK APPLICABLE BOXES)

Type of Tank:

	TANK 1	TANK 2
Jacketed steel	<input type="checkbox"/>	<input type="checkbox"/>
Asphalt coated steel	<input type="checkbox"/>	<input type="checkbox"/>
Painted steel	<input type="checkbox"/>	<input type="checkbox"/>
Bare steel	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify below)	<input type="checkbox"/>	<input type="checkbox"/>

Cathode Protection:

	TANK 1	TANK 2
Anodes	<input type="checkbox"/>	<input type="checkbox"/>
Impressed current	<input type="checkbox"/>	<input type="checkbox"/>
Lined tank	<input type="checkbox"/>	<input type="checkbox"/>

Capacity (in gallons)

TANK 1	TANK 2
<input type="text"/>	<input type="text"/>

PIPING INFORMATION, (Please check all applicable boxes)

Construction Material

	TANK 1	TANK 2
Epoxy coated steel	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Galvanized steel	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Wrapped	<input type="checkbox"/>	<input type="checkbox"/>
Bare steel/Black iron	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Copper	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other (specify right)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

SPECIAL INSTALLATION/REMOVAL REQUIREMENTS

Exchange Cage

All Exchange Cages shall be protected by bollards at a minimum of four (4) inches in diameter, three (3) feet tall and filled with cement and no more than three (3) feet apart to protect the Exchange Cage from a motor vehicle impact. An alternative to the use of bollards would be the placement of cement barriers (Jersey Barriers) to provide impact protection to the Exchange Cage.

PROJECT NARRATIVE

Date

Signature of Fire Chief or Designee

Propane Tank Installer Acceptance of Liability for Propane Tank Location

Subject Property Street Address: _____ Map/Lot #: _____

I understand as the installer of said propane tank that said tank will be installed in compliance with all setbacks and any restrictions associated with the subject property. Any Wetlands Conservation District (WCD) Setbacks, No-Cut Buffer Zones, Easements, etc. will not be encroached upon. I understand as the installer that I am liable for the removal or relocation of any tank if it should violate any of the aforementioned restrictions.

Please contact the Planning Department if you have any questions on restrictions for any parcel of land.

Installing Company: _____

Installer Name: _____

Installer Signature: _____ Date: _____

PLEASE PROVIDE THIS COMPLETED FORM TO THE FIRE DEPARTMENT WHEN YOU PULL YOUR PERMIT

SAMPLE