

TOWN OF BENNINGTON
BUILDING/CODE ENFORCEMENT

7 SCHOOL STREET #101
BENNINGTON, NEW HAMPSHIRE 03442
TELEPHONE (603) 588-2189 EMAIL JOHNKENDALLGC@GMAIL.COM FAX (603) 588-8005

PERMIT #
<hr/>
TOTAL FEE
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Mechanical Permit Application

Date: _____

Name of Owner(s): _____

Mailing Address: _____

Telephone No: _____ Cell/Alt. No: _____

Property Location/Address: _____ Tax Map/Lot: _____

Name of Contractor: _____

Address: _____

Contractor's License No: _____

Telephone No: _____ Cell/Alt. No: _____

Describe work to be performed

Is this permit in conjunction with a building permit? Yes No

Work to be completed: New Alteration Replace Addition

Check all that apply and specify number of units:

- | | |
|--|--|
| <input type="checkbox"/> Air Conditioning Unit | <input type="checkbox"/> Conversion Burner |
| <input type="checkbox"/> Refrigeration Unit | <input type="checkbox"/> Fuel Tank |
| <input type="checkbox"/> Forced Air Furnace | <input type="checkbox"/> Boiler |
| <input type="checkbox"/> Floor Furnace | <input type="checkbox"/> Propane Tank (Gas Company only) |
| <input type="checkbox"/> Wall Heater | <input type="checkbox"/> Gas Piping |
| <input type="checkbox"/> Water Heater | <input type="checkbox"/> Fireplace |
| <input type="checkbox"/> Woodstove/Chimney | <input type="checkbox"/> Pellet Stove |
| <input type="checkbox"/> Other | <input type="checkbox"/> Generator |

Contractor's Signature: _____

Date: _____

Building/Code Official: _____

Approval Date: _____

Comments: _____
