Town of Dublin
1120 Main Street
Dublin, NH 03444

GAS PERMIT

Date Received:_____
Map & Lot #: _____
Permit #: _____
Fee: $50.00 Paid:☐

Please note that Fees are Nonrefundable

Please print in ink or type all information

Owner's Name and Mailing Address:_____

_____

Property Location (# & Street):_____

Is this permit a conjunction with a building permit? ☐Yes ☐No
Type of work: ☐ New work ☐ Replacement ☐ Extension of old work

*******Permit must be obtained before work is started and notice given to Inspector when ready for inspection*******

Describe work to be performed:_____

_____

Gas Fitter's Name: _____

Gas License #:_____

Company Name and Address: _____

_____Phone #: _____

Signature: _____ Date: _____

(Gas Fitter)

Approval/Signature: _____ Date: _____
(Michael Borden, Building Inspector)
Office: 603-563-8544 Cell:603-547-0437