

## **Town of Dublin** 1120 Main Street Dublin, NH 03444

## **MECHANICAL HV/AC PERMIT**

CALLED STATES	Date Received:		
TAMI	Map & Lot #:		
	Permit #: Fee: \$50.00  Paid: □		
	Fee: \$50.00 Paid: □		
Please note that Fees are Nonrefundable  Owner's Name and Mailing Address:			
		Property Location (# & Street):	
, , ,			
Is this permit a conjunction with a building permit Type of work: ☐ New work ☐ Replacement			
****Permit must be obtained before work is started and notice given to Inspector when ready for inspection****			
Describe work to be performed:			
Contractor's Name:			
Contractor's License #:			
Company Name and Address:			
	Phone #:		
Signature:	Date:		
(Contrac	ctor)		
Approval/Signature:	Date:		
(Michael Borden, Bu	uilding Inspector)		

(Michael Borden, Building Inspector)
Office: 603-563-8544 Cell:603-547-0437