



TOWN OF New Castle, NEW
HAMPSHIRE CODE ENFORCEMENT
OFFICE

49 Main Street, PO Box 367
New Castle, NH 03854-0367

TELEPHONE (603) 431-6710 X 5 FAX (603) 433-6198

EMAIL: Buildinginspector@newcastlenh.org

Issue Date: _____
Permit#: _____
Map: _____
Lot: _____
Zone: _____

MECHANICAL/CHIMNEY PERMIT

PERMIT TO INSTALL AND OPERATE SOLID FUEL/GAS BURNING EQUIPMENT

TYPE OF EQUIPMENT TO BE INSTALLED

Boiler/Furnace-Make/Type of System: _____
Hot Water Heater - Make/Type of System: _____
Direct Vent Appliance - Make/Type of System: _____
Other - Make/Type of System: _____

() New Installation () Replacement of an Existing System

() This System requires Combustion Air Intake System

() This System requires Mechanical Exhaust

() This System requires Fire Suppression

Type of Fuel System to be using oil, gas, other: _____

Owner's Name: _____ Phone #: _____ Address
of Installation: _____

Installer: _____ Business Name: _____
Phone #: _____ Installer License #: _____ Exp Date: _____

The Technician applying for and receiving this Permit will be installing the Solid Fuel/Gas Burning Equipment in compliance with the State of New Hampshire NFPA 31, NFPA 211, NFPA 58, and 2015 IMC

Estimated Cost of Construction \$ _____ FEE \$ _____

An After the fact Permit may be filled out with this office in cases of Emergencies

(Permit Fee is based on a \$7.00 per \$1,000.00 of Construction Cost Please round up to the nearest thousand**plus a \$25.00 application fee, minimum of \$50.00)**

(Flip Page Over)

PERMIT TO INSTALL A CHIMNEY/FIREPLACE

Chimney - Masonry/Metal # of flues ()

Fireplace - Masonry/Metal (Pre-manufactured)

Signature of Applicant _____ Date _____ Phone # _____

Signature of CEO _____ Date _____ Phone # _____

Signature of Applicant _____ Date _____ Phone # _____

Signature of CEO _____ Date _____ Phone # _____

Rev 4/22