

**HOLLIS BUILDING DEPARTMENT**

7 Monument Square, Hollis, NH 03049 (603) 465-2209

**L/P TANK SET PERMIT** (MECHANICAL)

**PERMIT #** \_\_\_\_\_

Job Location: \_\_\_\_\_

Date: \_\_\_\_\_

Map \_\_\_\_\_ Lot: \_\_\_\_\_

<b>Applicant/Owner:</b> _____	<b>License #:</b> _____
<b>Address:</b> _____	<b>Email:</b> _____
<b>Town:</b> _____	<b>State:</b> _____
<b>Zip:</b> _____	<b>Phone:</b> _____

Property Owner: \_\_\_\_\_ Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Project: **INSTALL L/P TANK(S)**

Tank Information
# Of Tanks _____ Tank Size(s) _____
New <input type="checkbox"/>
Replacement <input type="checkbox"/>
Above Ground Tank(s) <input type="checkbox"/>
Underground Tank(s) <input type="checkbox"/>
*Excavators Name _____
*Excavators Phone # _____

*\*\*\*All Propane tank(s) require the Fire Department to inspect after the tank(s) are set, the Fire Department also inspects the pressurized gas line(s) from the tanks to the structure \*\*\**

**Call 465-6001 to schedule these inspections**  
**24 Hour prior notification is required**

\*\*\*\* All tanks closer than 15 feet from a driveway please call the Fire Department prior to excavation

Fee \_\_\_\_\_

Application Fee \_\_\_\_\_

Total Fee \_\_\_\_\_

Applicant certifies that ALL information given is correct and that ALL pertinent State and Town ordinances/codes will be complied with in performing the work for which this permit is issued.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Code Official

**APPLICANT MUST SIGN AND RETURN ORIGINAL FORM TO BUILDING DEPARTMENT  
PRIOR TO CALLING FOR INSPECTION - FAXES WILL NOT BE ACCEPTED**