

West Ossipee Fire Department

Permit to install and operate oil/gas burning equipment

To the Chief of the Fire Department:

The undersigned hereby applies for a permit to install and operate oil/gas burning equipment in compliance with PSA 153:5 and NFPA Standard #31 as follows:

Address _____
 Type of Occupancy _____
 Owner _____
 Address _____
 Town _____ State _____
 Occupant's Name _____
 Serial Number and make of Oil Burner _____
 Tank Size and Location _____
 Installer _____
 Business Name and Phone _____
 Address _____

 Signature of owner or installer Date

When signed below by the Chair of the Fire Department this application may be used as a TEMPORARY PERMIT authorizing the installation of oil burning equipment.

Permit # _____ Chief or Designee
 _____ Fire Department
 _____ Date

Permission is hereby granted to operate the oil burning equipment described above which has been inspected and found to be in compliance with the State Fire Code as adopted by the State Fire Marshall.

 Signature of owner or installer Date

** Complete and email to wofd@westossipeefire.org