



Permit # \_\_\_\_\_  
 Min Fee \_\_\_\_\_  
 Permit Fee \_\_\_\_\_  
 Total \_\_\_\_\_

# City of Keene PERMIT APPLICATION

**Fire Prevention Bureau**  
 31 Vernon Street  
 Keene, New Hampshire  
 603-757-1863/603-283-5668 (fax)

**Property Information – Where improvements are proposed – MANDATORY FIELD**

Street # \_\_\_\_\_ Unit/Apt # \_\_\_\_\_ Street Name \_\_\_\_\_

**Owner Information – Who owns the property where the improvements are proposed – MANDATORY FIELD**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone # \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code \_\_\_\_\_ E-mail: \_\_\_\_\_

**Installer/Applicant Information – If the applicant is not the owner – MANDATORY FIELD**

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone # \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code \_\_\_\_\_ E-mail: \_\_\_\_\_

Name of Contact Person for this Project: \_\_\_\_\_ Fax # \_\_\_\_\_

**Application Information – Describe the proposed improvements**

**Anticipated Date for work to begin:** \_\_\_\_\_

- Fire Permit:**  Fire Alarm System  Cutting/Welding  Fire Alarm Access (Annual)  New Tenant Fit Up  
 Storage Tanks (indicate type – Oil, LP etc. in description of work below)  Gas Burner  Oil Burner  
 Assembly  Kitchen Hood  Fire Suppression  In House Modification (Annual)  Other \_\_\_\_\_
- Building Use:**  Single Family  Multi-Family  Commercial  Other \_\_\_\_\_ # of Stories \_\_\_\_\_
- Work Type:**  New  Addition  Renovation  Move  Modification

**Description of Work (required):**

Attach description if needed

**Sub-contractors – Signature indicates responsibility for compliance with laws and codes**

(Check all that apply. For each contractor complete license, name, address and signature fields below)

- Electrical  Plumbing  Gas Fitter  Welding  Pyrotechnical

State License #: \_\_\_\_\_ Name: \_\_\_\_\_ Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone #: \_\_\_\_\_

E-mail address: \_\_\_\_\_ License Holders Signature: \_\_\_\_\_

State License #: \_\_\_\_\_ Name: \_\_\_\_\_ Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone #: \_\_\_\_\_

E-mail address: \_\_\_\_\_ License Holders Signature: \_\_\_\_\_

State License #: \_\_\_\_\_ Name: \_\_\_\_\_ Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone #: \_\_\_\_\_

E-mail address: \_\_\_\_\_ License Holders Signature: \_\_\_\_\_

State License #: \_\_\_\_\_ Name: \_\_\_\_\_ Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone #: \_\_\_\_\_

E-mail address: \_\_\_\_\_ License Holders Signature: \_\_\_\_\_

**\*\*No work shall begin until the required KFD permit is posted on-site where work is being completed\*\***

I hereby certify that as the applicant for permit, I am the owner of this property \_\_\_\_, or the owners authorized agent \_\_\_\_ (check one). I hereby declare that the statements and information contained in this application and submitted in conjunction with said application are true and accurate to the best of my knowledge. I understand that I am responsible to ensure that all construction or other work will be completed in accord with all Federal, State and Local laws, code and ordinances, including but not limited to the State Building Code NHRSA 155-A. I understand that I am responsible to ensure that all inspections will be completed as required by the City, and no structure will be used in violation of Federal, State and Local laws, code and ordinances. The making of a false statement on this form shall constitute a criminal offense.

Attest: \_\_\_\_\_

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

Signature of Applicant