



TOWN OF AMHERST FIRE RESCUE

177 Amherst Street
Amherst, NH 03031

Phone (603) 673-1545 Ext. 302

Fax (603) 672-3927



Place of Assembly Permit

Date: _____ Application Type: _____ New: _____ Renewal: _____

Name of Establishment: _____

Owner(s) Name: _____

Address: _____ Map/Lot: _____

Requested Capacity: _____

Establishment Telephone Number: _____

Emergency Contact(s): _____ Phone #: _____

Signature of Applicant: _____

Please Note:

New Permits will require intended seating arrangement, floor plan with square footage, and exit location plans. New and renewal permits require fire alarm, sprinkler and suppression system annual inspection reports submitted with this application before a permit can be issued. Amherst Fire Rescue also requires plans and specifications for any changes before the inspection to ensure compliance with applicable codes and standards. Inspection requests require a 48-hour minimum notice by the applicant. To schedule an inspection, please contact Deputy Chief Roy Olsen at: 603-673-1545 Ext. 302

All documentation to be submitted to: Amherst Fire Rescue 177 Amherst Street, Amherst, NH 03031 or rolsen@amherstnh.gov

For Office Use:

Permit to Operate a Place of Assembly:

*It appearing that the necessary safeguards for the safety of life are provided on the described premises in accordance with the provisions of New Hampshire RSA 155, this is to certify that _____
Owner or Operator of the Place of Assembly known as _____
located at _____ is permitted to operate said premises in accordance with the provisions of such law for the period of **ONE YEAR** from the date unless sooner revoked.*

Date of Inspection: _____ Maximum Capacity: _____

Permit Number: _____ Permit Expires: _____

Fire Inspector Approval: _____