

APPLICATION FOR MECHANICAL PERMIT

(APPLICATION MUST BE TYPED OR PRINTED)

TOWN OF _____ PERMIT NO. _____

LOCATION OF JOB		FEE SCHEDULE		TYPE OF JOB	
		FEE VALUE OF CONSTRUCTION \$25 FOR 1ST \$1000 (MINIMUM FEE). \$87 FOR EACH ADDITIONAL \$1000 OR PART THEREOF. BUILDING OFFICIAL MAY DEMAND AFFIDAVIT OF ACTUAL VALUE.		<input type="checkbox"/> ORIGINAL CONST. <input type="checkbox"/> REPAIR <input type="checkbox"/> ALTERATION <input type="checkbox"/> DEMOLITION <input type="checkbox"/> ADDITION <input type="checkbox"/> CHANGE OF USE	
NO. _____ STREET _____ TOWN _____ STATE _____ ZIP _____					
OWNER		VALUE-FEES		TYPE OF INSTALLATION	
		VALUE FEE		<input checked="" type="checkbox"/> STEAM <input type="checkbox"/> HOT WATER <input type="checkbox"/> WARM AIR <input type="checkbox"/> AIR COND. <input type="checkbox"/> VENTILATION <input type="checkbox"/> HEAT PUMP <input type="checkbox"/> SPRINKLER <input type="checkbox"/> SOLAR	
NAME _____ NO. _____ STREET _____ TOWN _____ STATE _____ ZIP _____		ESTIMATED _____ ACTUAL _____ DIFFERENCE _____ ADDITIONAL FEE _____			
APPLICANT		DEPARTMENT DECISION		TYPE OF BUILDING	
		APPLICATION IS HEREBY <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		<input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> _____ OTHER _____	
NAME _____ NO. _____ STREET _____ TOWN _____ STATE _____ ZIP _____		DATE _____ BUILDING OFFICIAL _____			

MECHANICAL CONTRACTOR INFORMATION

NAME _____	CONTRACTOR LICENSE NO. _____	CLASS OF LICENSE _____
NO. _____ STREET _____	EXPIRATION DATE _____	CONTRACTOR TELEPHONE _____
TOWN _____ STATE _____ ZIP _____	CONTRACTOR SIGNATURE _____	

**MECHANICAL CONTRACTORS ARE REQUIRED TO OBTAIN PERMITS BEFORE STARTING ANY WORK.
PERMITS EXPIRE ONE (1) YEAR FROM DATE OF ISSUE.**

FURNACE	HEAT LOSS SCHEDULE
MAKE _____ MODEL _____	Heat Loss Schedule must be completed for all jobs. System guaranteed adequate to heat all rooms to 68° in -10° below zero weather. NOTE: HOT AIR DUCTS AND HOT WATER PIPES RUNNING THROUGH AN UN-HEATED AREA MUST BE INSULATED. PLEASE ATTACH A HEAT LOSS SCHEDULE FOR ALL ROOMS.
BURNERS	Heat Loss for House _____ Furnace Rating _____
MAKE _____ MODEL _____ B.T.U. PER HOUR _____	
TANK	
LOCATION _____ SIZE _____ GALLONS FILL SIZE _____ IN. VENT SIZE _____ IN.	ELECTRICAL WORK BY: _____ PERMIT NO. _____ REMARKS: _____ This is to certify that I am the owner or authorized agent for the owner. All work covered by this application has been authorized by the owner of this property and will be done according to the Connecticut Basic Building Code.
DATE _____ APPLICANT SIGNATURE _____	