

Mailing Address: PO Box 12, Bantam CT 06750

Town of Litchfield

Mechanical Permit Application

Estimated Value: _____

Permit Fee: _____

\$20 for the first \$1,000

\$10 for each additional \$1,000 or part thereof

Office Use Only

Permit Number: _____

Date of Application: _____

Mechanical Contractor/Applicant:

Name: _____

Address: _____

Town: _____ State: _____ Zip: _____

Phone: _____ License #: _____ Classification: _____ Expiration: _____
(not applicable for owner)

Owner:

Name: _____

Address: _____

Town: _____ State: _____ Zip: _____

Job Location:

Street Number: _____ Street: _____

Map: _____ Block: _____ Lot: _____

Office Use Only

Type of Job: _____

Remarks:

Turn to the back if more space is needed

This is to certify that I am the owner or lessee of the building or structure, or agent of either, or a licensed engineer or architect employed in connection with the proposed work. All work covered by this application will be done according to the Connecticut Building Code.

Signature

Date