# APPLICATION FOR MECHANICAL PERMIT

(APPLICATION MUST BE TYPED OR PRINTED)

TOWN OF _____ PERMIT NO. _____

| LOCATION OF JOB | FEE SCHEDULE | TYPE OF JOB |
|---|---|---|
| _____<br>_____<br>NO. STREET<br>_____<br>TOWN STATE ZIP | FEE VALUE OF CONSTRUCTION<br>$25 FOR 1ST $1000 (MINIMUM FEE).<br>$ 6 FOR EACH ADDITIONAL $1000 OR PART THEREOF.<br>BUILDING OFFICIAL MAY DEMAND AFFIDAVIT OF ACTUAL VALUE. | ☐ ORIGINAL CONST. ☐ REPAIR<br>☐ ALTERATION ☐ DEMOLITION<br>☐ ADDITION ☐ CHANGE OF USE |
| **OWNER** | **VALUE-FEES** | **TYPE OF INSTALLATION** |
| _____<br>NAME<br>_____<br>NO. STREET<br>_____<br>TOWN STATE ZIP | VALUE FEE<br>ESTIMATED _____ _____<br>ACTUAL _____ _____<br>DIFFERENCE _____ _____<br>ADDITIONAL FEE _____ _____ | ☐ STEAM ☐ HOT WATER<br>☐ WARM AIR ☐ AIR COND.<br>☐ VENTILATION ☐ HEAT PUMP<br>☐ SPRINKLER ☐ SOLAR |
| **APPLICANT** | **DEPARTMENT DECISION** | **TYPE OF BUILDING** |
| _____<br>NAME<br>_____<br>NO. STREET<br>_____<br>TOWN STATE ZIP | APPLICATION IS HEREBY<br>☐ APPROVED ☐ DISAPPROVED<br>_____ _____<br>DATE BUILDING OFFICIAL | ☐ RESIDENTIAL ☐ COMMERCIAL<br>☐ _____<br>OTHER |

**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 _____<br>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.**<br>Heat Loss for House _____ Furnace Rating _____ |
| **BURNERS** | |
| MAKE _____<br>MODEL _____<br>B.T.U. PER HOUR _____ | ELECTRICAL WORK BY: PERMIT NO.<br>REMARKS: _____ |
| **TANK** | |
| LOCATION _____<br>SIZE _____ GALLONS<br>FILL SIZE _____ IN.<br>VENT SIZE _____ IN. | 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.<br>_____ DATE _____ APPLICANT SIGNATURE |

MECHANICAL

THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER AND EMPLOYER