

# APPLICATION FOR MECHANICAL PERMIT

(APPLICATION MUST BE TYPED OR PRINTED)

TOWN OF \_\_\_\_\_ PERMIT NO. \_\_\_\_\_

LOCATION OF JOB			FEE SCHEDULE			TYPE OF JOB	
NO. _____ STREET _____ TOWN _____ STATE _____ ZIP _____			FEE \$25 \$ 7	VALUE OF CONSTRUCTION FOR 1ST \$1000 (MINIMUM FEE). FOR EACH ADDITIONAL \$1000 OR PART THEREOF. BUILDING OFFICIAL MAY DEMAND AFFIDAVIT OF ACTUAL VALUE.		<input type="checkbox"/> ORIGINAL CONST.	<input type="checkbox"/> REPAIR
OWNER			VALUE-FEES			TYPE OF INSTALLATION	
NAME _____ NO. _____ STREET _____ TOWN _____ STATE _____ ZIP _____			ESTIMATED _____ ACTUAL _____ DIFFERENCE _____ ADDITIONAL FEE _____	VALUE _____	FEE _____	<input type="checkbox"/> STEAM	<input type="checkbox"/> HOT WATER
APPLICANT			DEPARTMENT DECISION			TYPE OF BUILDING	
NAME _____ NO. _____ STREET _____ TOWN _____ STATE _____ ZIP _____			APPLICATION IS HEREBY <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED  DATE _____ BUILDING OFFICIAL _____			<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> COMMERCIAL
						<input type="checkbox"/>	OTHER _____
MECHANICAL CONTRACTOR INFORMATION							
NAME _____ NO. _____ STREET _____ TOWN _____ STATE _____ ZIP _____			CONTRACTOR LICENSE NO. _____ EXPIRATION DATE _____		CLASS OF LICENSE _____ CONTRACTOR TELEPHONE _____		
			CONTRACTOR SIGNATURE _____				

**MECHANICAL CONTRACTORS ARE REQUIRED TO OBTAIN PERMITS BEFORE STARTING ANY WORK.**

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

THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER AND EMPLOYER