

DATE REC'D:

_____ ENTERED

TOWN OF STAFFORD, CT

Mechanical Permit

Town Hall, 1 Main Street
Stafford Springs, CT 06076
860-684-1775
FAX: 860-684-1768

PERMIT # _____ Electrical Plumbing Heating/HVAC

TOTAL VALUE - Contracted Price of Labor & Materials \$ _____ Fee: \$ _____ Paid: _____

Complete Address of Job:		MAP/LOT: _____
Property Owner:	Address (if different):	Home / Cell Telephone:
Contractor/Applicant:	Contractor's Complete Mailing Address:	Contractor Office Telephone:
Contractor's CT License:	____ Copy of License ____ Copy Liability Insurance rec'd License Exp. Date: _____	Contractor Alternate Phone:

DESCRIPTION OF PROJECT: _____

____ New Construction ____ Alteration ____ Addition ____ Repair ____ Demolition ____ Other _____

<p align="center"><u>ELECTRICAL:</u></p> <p>PANELS: CAPACITY/AMPS</p> <p>____ Main _____</p> <p>____ Sub _____</p> <p>ITEM: QUANTITY:</p> <p>____ Switches _____</p> <p>____ Ceiling Outlets _____</p> <p>____ Light Outlets _____</p> <p>____ Switch Outlets _____</p> <p>____ GFI Outlets _____</p> <p>____ Smoke Detectors _____</p> <p>WIRE:</p> <p>____ Main _____ Size _____ Kind</p> <p>____ Sub _____ Size _____ Kind</p> <p>CONDUIT:</p> <p>____ Size _____ Kind</p>	<p align="center"><u>PLUMBING:</u></p> <p>NUMBER OF FIXTURES:</p> <p>____ Sinks</p> <p>____ Bath tubs</p> <p>____ Showers</p> <p>____ Jacuzzi / Spa</p> <p>____ Toilet / Bidet</p> <p>____ Washing Machine / Sink</p> <p>____ Garbage Disposal</p> <p>WATER CONDITIONER: YES or NO</p> <p>WATER HEATER:</p> <p>Size of Tank _____</p> <p>Size of Boiler _____</p> <p>NOTES: _____</p> <p>_____</p> <p>_____</p>	<p align="center"><u>HEATING / MECHANICAL:</u></p> <p><i>NOTE: Installation other than EXACT BTU replacement requires heat loss/gain report</i></p> <p>BOILER / FURNACE:</p> <p>Make _____</p> <p>Model _____</p> <p>Net BTUH _____</p> <p>BURNER:</p> <p>Make _____</p> <p>Model _____</p> <p>GPH _____</p> <p>TANK:</p> <p>Location _____</p> <p>Size _____</p> <p>Fill /Vent Sizes _____</p>
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Must conform to: Residential Code (IRC) Commercial Code (IBC) **TAXES PAID?** YES or NO

Building Official Comments: _____ **WPCA?** N/A **FEES PAID?** YES or NO

Building Official Approval: _____ Date: _____

WPCA Official Approval: _____ Date: _____

All work covered by this application has been authorized by the owner or agent of this property and will be done according to all State and Federal regulations. This permit will lapse/expire if work does not commence within six months and is not continuously worked on. I hereby acknowledge that this permit requires inspections from Town Officials. This permit, if issued, is based upon the plot plan submitted. Falsification by misrepresentation or failure to comply with the conditions of approval of this permit shall constitute a violation of the Town of Stafford Zoning and Building Regulations. Agents of the Town of Stafford are authorized to enter upon the property for the purpose of inspection and verification of compliance with the terms of this permit.

I understand that it is my responsibility to call for the required inspections

Owner / Agent Signature _____ Date: _____