City of Torrington

MECHANICAL PERMIT APPLICATION

Tracking # _____ Application Date: _____

OWNER INFORMATION	CONTRACTOR INFORMATION
Name:	Name:
Address:	Lia.Policy # _____ Expire Date _____
Applicant Information	W/C Policy# _____ Expire Date _____
Applicant:	Lic. No.:
Phone:	Type:

SITE INFORMATION

Location	Map/Block/Lot:	Assessor ID:
Building Type:	Building Use:	

JOB DESCRIPTION

Type ☐ New ☐ Repair ☐ Alteration ☐ Addition

Details

MECHANICAL FIXTURES

Air Conditioners Tonnage:	☐	Forced Air Sys. BTU:		Conversion Burner:	☐
Refrigeration Units Tonnage:	☐	GravitySystem BTU:		Clothes Dryer:	☐
Gas Vented	☐	Floor Furnace BTU:		Ventilation Fan:	☐
Gas Unvented	☐	Wall Heaters BTU:		Range Hood:	☐
Chimney Liners	☐	Unit Heaters BTU:		Air Handling CFM:	☐
Mechanical Chimney	☐	Hydro Air Units BTU:		Incinerator:	☐
Pellet Stoves	☐	Boilers BTU:		Gas Piping:	☐
Wood Burning Stove	☐	Baseboard Radiation Ft.		Commercial Range:	☐
				Domestic Range:	☐

I HEREBY CERTIFY THAT I AM THE OWNER OR THE OWNER OF RECORD HAS APPOINTED ME AS THE AUTHORIZED AGENT TO APPLY FOR THIS PERMIT. I AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THIS JURISDICTION AND THE CT STATE BUILDING CODE. I will require Workers Compensation for all peiple associated with this project. I will call for all required inspections and will provide in writing, all necessary signoffs.

_____ Printed Name

_____ Signature of Contractor or Authorized Agent

_____ Date

Estimated Cost:	Total Fees:	Accepted By:

Permit Fee: _____ State Fee: _____ (Fee Schedule is available on the City web site)