

Applicant to complete numbered spaces only.

APPLICATION NO. \_\_\_\_\_

**APPLICATION FOR MECHANICAL PERMIT**

**TOWN OF WINDHAM  
CONNECTICUT**

1. **REGISTRATION NO.** \_\_\_\_\_

|  |  |     |       |     |
|--|--|-----|-------|-----|
| 2. <b>LOCATION OF JOB (NO. &amp; STREET)</b> |  | MAP | BLOCK | LOT |
|--|--|-----|-------|-----|

|                 |                |   |
|-----------------|----------------|---|
| 3. <b>OWNER</b> | 4. <b>TEL.</b> | 5. <b>ADDRESS (NO., STREET, TOWN, STATE, ZIP)</b> |
|-----------------|----------------|---|

|                     |                |   |
|---------------------|----------------|---|
| 6. <b>APPLICANT</b> | 7. <b>TEL.</b> | 8. <b>ADDRESS (NO., STREET, TOWN, STATE, ZIP)</b> |
|---------------------|----------------|---|

|                      |                 |  |
|----------------------|-----------------|--|
| 9. <b>CONTRACTOR</b> | 10. <b>TEL.</b> | 11. <b>ADDRESS (NO., STREET, TOWN, STATE, ZIP)</b> |
|----------------------|-----------------|--|

|  |   |
|--|---|
| 12. <b>DESCRIPTION OF PROPOSED WORK: (including size, ratings, quantities, etc.)</b> | 13. <b>VALUATION OF WORK:<br/>(Labor and materials)</b> |
|  | \$ _____  |
|  |   |

|  |                       |       |
|--|-----------------------|-------|
|  | <b>COST OF PERMIT</b> |       |
|  | FEE (ITEM 13.)        | _____ |
|  | CC                    | _____ |
|  | SURCHARGE             | _____ |
|  | LATE FILING           | _____ |
|  | TOTAL FEE             | _____ |

**ALL PERMITS MUST BE POSTED AND VISIBLE FROM THE STREET**

**HEAT LOSS SCHEDULE MUST BE SUBMITTED FOR ALL JOBS**

|  |   |  |
|--|---|--|
| 16. <b>TYPE OF INSTALLATION:</b><br><input type="checkbox"/> BOILER<br><input type="checkbox"/> FURNACE<br><input type="checkbox"/> HOT WATER HEATER<br><input type="checkbox"/> FUEL STORAGE TANK<br><input type="checkbox"/> AIR CONDITIONING<br><input type="checkbox"/> CHIMNEY LINER<br><input type="checkbox"/> SPRINKLERS | 17. <b>TYPE OF FUEL:</b><br><input type="checkbox"/> NATURAL GAS<br><input type="checkbox"/> LP GAS<br><input type="checkbox"/> OIL<br><input type="checkbox"/> SOLID<br><input type="checkbox"/> OTHER | 18. <b>TYPE VENT OR CHIMNEY:</b><br><input type="checkbox"/> MASONRY<br><input type="checkbox"/> METAL<br><input type="checkbox"/> POWER EXHAUSTER<br><input type="checkbox"/> FACTORY-BUILT |
|  |   | 19. <b>IS MASONRY CHIMNEY LINED?</b><br><input type="checkbox"/> YES <input type="checkbox"/> NO   |

IT IS A RECOMMENDED SOUND BUSINESS PRACTICE TO REQUIRE THAT ALL WORK PASS FINAL INSPECTION BEFORE PAYING THE CONTRACTOR IN FULL.

THIS APPLICATION IS NOT A VALID PERMIT AND WORK SHALL NOT BEGIN UNTIL IT IS SIGNED & DATED BY THE PROPER TOWN OFFICIAL.

20. All work covered by this application has been authorized by the (owner) or (agent) of this property and will be done according to state regulations. This permit shall lapse if work does not commence within 6 months.

APPROVED

DISAPPROVED

Date

Applicants Signature

Date

Building Official