MECHANICAL PERMIT

TOWN OF POMFRET

DATE _____

CONTRACTOR'S LICENSE NO. _____ PERMIT NUMBER _____

BLDG. PERMIT NUMBER ___

LOCATION _____

OWNER _____

KIND OF BUILDING _____ USED AS _____

TO BE COMPLETED ABOUT _____ ESTIMATED COST $ _____

NEW ☐ ALTERATION ☐ REPAIR ☐ ADDITION ☐

OIL ☐ GAS ☐ LPG ☐ ELECT. ☐

TYPE OF EQUIPMENT	NUMBER	FEE
Air Cond. Units - H.P. Ea.		
Refrigeration Units - H.P. Ea.		
Boilers - B.T.U. -		
Forced Air Systems - B.T.U. M Ea.		
Gravity Systems - B.T.U. M Ea.		
Floor Furnaces - B.T.U. M		
Wall Heaters - B.T.U. M		
Unit Heaters - B.T.U. M		
Conversion Burner		
Clothes Dryers		
Ventilation Fan		
Range Hood		
Air Handling C.F.M.		
Incinerator		
Gas Piping		
Range COM. ☐ DOM. ☐		
Zones		
	TOTAL FEE	

REMARKS:

CONTRACTOR'S NAME AND ADDRESS

CITY	STATE	ZIP CODE

Ready for Inspection on _____ or will contact Inspector later _____
(date)

APPLICANT CERTIFIES THAT ALL INFORMATION GIVEN IS CORRECT AND THAT ALL PERTINENT MECHANICAL ORDINANCES WILL BE COMPLIED WITH IN PERFORMING THE WORK FOR WHICH THIS PERMIT IS ISSUED. THIS PERMIT EXPIRES ONE YEAR FROM DATED OF ISSUE.

_____ _____

Signature of Contractor or his Authorized Representative Making Application

Signature of Building Official