



MECHANICAL PERMIT

Contractor's Name: _____

Contractor's Address: _____

Phone Number: _____

HVAC License #: _____ Refrigeration License #: _____ MHIC # _____

Location: _____

Owner: _____

Kind of Building: Residential Commercial

To be Completed About: _____ Estimated Cost: \$ _____

New Alteration Repair Addition

Type of Equipment	
<input type="checkbox"/> Wood/Pellet Stove <input type="checkbox"/> Central <input type="checkbox"/> Split System	Fireplace: Wood <input type="checkbox"/> Gas <input type="checkbox"/> Vented <input type="checkbox"/> Unvented
Heat Loss/Gain Calculations Submitted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Forced Air Systems:	<input type="checkbox"/> Oil <input type="checkbox"/> LPG <input type="checkbox"/> Electric
Floor Furnaces:	<input type="checkbox"/> Oil <input type="checkbox"/> LPG <input type="checkbox"/> Electric
Wall Heaters:	<input type="checkbox"/> LPG <input type="checkbox"/> Vented <input type="checkbox"/> Non-Vented <input type="checkbox"/> Electric
Unit Heaters:	<input type="checkbox"/> LPG <input type="checkbox"/> Electric <input type="checkbox"/> Vented <input type="checkbox"/> Non-Vented <input type="checkbox"/> Other _____
Conversion Burner:	<input type="checkbox"/> LPG <input type="checkbox"/> Oil
Clothes Dryer:	<input type="checkbox"/> LPG <input type="checkbox"/> Electric
Ventilation Fan:	<input type="checkbox"/> Attic <input type="checkbox"/> Whole House <input type="checkbox"/> Kitchen <input type="checkbox"/> Other _____
Range Hood:	<input type="checkbox"/> Ducted <input type="checkbox"/> Ductless
Air Handling:	C.F.M. _____
Gas Piping:	
Range:	<input type="checkbox"/> Commercial <input type="checkbox"/> Domestic

Ready for inspection on _____ or will contact permit clerk later

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.

Signature of Contractor or his Authorized Representative Making Application

Date

Signature of Permit Clerk

Date

Type / Print Name