



# City of Torrington

## MECHANICAL PERMIT APPLICATION

Tracking # \_\_\_\_\_

Application Date: \_\_\_\_\_

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

Applicant Information
Applicant: _____
_____
Phone: _____

### 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: <input type="text"/>	Forced Air Sys. BTU: <input type="text"/>	Conversion Burner: <input type="checkbox"/>
Refrigeration Units Tonnage: <input type="text"/>	Gravity System BTU: <input type="text"/>	Clothes Dryer: <input type="checkbox"/>
Gas Vented <input type="checkbox"/>	Floor Furnace BTU: <input type="text"/>	Ventilation Fan: <input type="checkbox"/>
Gas Unvented <input type="checkbox"/>	Wall Heaters BTU: <input type="text"/>	Range Hood: <input type="checkbox"/>
Chimney Liners <input type="checkbox"/>	Unit Heaters BTU: <input type="text"/>	Air Handling CFM: <input type="checkbox"/>
Mechanical Chimney <input type="checkbox"/>	Hydro Air Units BTU: <input type="text"/>	Incinerator: <input type="checkbox"/>
Pellet Stoves <input type="checkbox"/>	Boilers BTU: <input type="text"/>	Gas Piping: <input type="checkbox"/>
Wood Burning Stove <input type="checkbox"/>	Baseboard Radiation Ft. <input type="text"/>	Commercial Range: <input type="checkbox"/>
		Domestic Range: <input type="checkbox"/>

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 people 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: \_\_\_\_\_