

## **APPLICATION FOR HEATING / AIR CONDITIONING PERMIT (PINK)**

1. This form is used for heating and air conditioning systems in new homes, commercial and industrial buildings and any additions / alterations to existing systems and kitchen hood systems.
2. Also, wood/coal stoves and fireplaces will be on this form. Wood/coal stoves will be inspected by the Fire marshal.
3. A heat loss calculation sheet will be needed for new houses or replacement of heating units / air conditioning.
4. Also submit an Application for Zoning Review for placement of outside AC units.  
Note: zoning application not required for replacement of condominium complex ac units.

**APPLICATION FOR MECHANICAL PERMIT**

TOWN OF NEWINGTON 200 GARFIELD STREET, NEWINGTON, CT 06111

TEL.860-665-8580 FAX 860-665-8577-BUILDING DEPARTMENT

**APPLICATION MUST BE FILLED OUT COMPLETELY IN INK**

JOB LOCATION \_\_\_\_\_

CONTRACTOR'S NAME: \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

CONTRACTOR'S ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ STATE LIC. NO. \_\_\_\_\_

(HOME) OWNER'S NAME \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

(HOME) OWNER'S ADDRESS \_\_\_\_\_

DETAILED DESCRIPTION OF WORK TO BE PERFORMED \_\_\_\_\_

TOTAL VALUE OF WORK TO BE PERFORMED \$ \_\_\_\_\_

TYPE OF BUILDING: RESIDENTIAL \_\_\_\_\_ COMMERCIAL \_\_\_\_\_ OTHER \_\_\_\_\_

TYPE OF JOB: ORIGINAL CONSTRUCTION \_\_\_\_\_ ALTERATION \_\_\_\_\_ ADDITION \_\_\_\_\_

TYPE OF AIR CONDITIONING \_\_\_\_\_ HOT WATER \_\_\_\_\_ HOT AIR \_\_\_\_\_  
INSTALLATION: WOOD/COAL STOVE \_\_\_\_\_ (SPECS REQ) FIREPLACE INSERT \_\_\_\_\_ (SPECS REQ)

TYPE OF FUEL USED: GAS \_\_\_\_\_ OIL \_\_\_\_\_ ELECTRICITY \_\_\_\_\_ OTHER \_\_\_\_\_

FURNACE: MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ CFM \_\_\_\_\_

BOILER: MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ BTU \_\_\_\_\_

A/C: MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ SIZE \_\_\_\_\_

ALL WORK COVERED BY THIS APPLICATION HAS BEEN AUTHORIZED BY THE (OWNER) OR (AGENT) OF THIS PROPERTY AND WILL BE DONE ACCORDING TO STATE CODES AND REGULATIONS. **NO WORK SHALL BE STARTED UNTIL THE BUILDING DEPARTMENT HAS RECEIVED THIS APPLICATION AND HAS ISSUED A BUILDING PERMIT. ALL PERMITS APPROVED SUBJECT TO FIELD INSPECTIONS.**

SIGNED: \_\_\_\_\_  
(Applicant) (Date) (Telephone No.)

Please print name \_\_\_\_\_ E-MAIL: \_\_\_\_\_

MECHANICAL PERMIT FEE \$ \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_

ZONING FEE \$ \_\_\_\_\_ DATE: \_\_\_\_\_

TOTAL PAID \$ \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

PERMIT NO.: \_\_\_\_\_