

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.: _____