

Town of Waterford, CT – Building Department
Heating – Ventilating - Air Conditioning Permit Application

TC [] UC []

Estimated Cost: _____ Permit #: _____ Fee: _____

Property Address: _____ Owner: _____

Owners Address: _____ Phone #: _____

Residential **Multi-Family** **Commercial** **Heat Loss / Gain Calculations provided**

New Replacement Repair Oil Tank Size: _____ Location: _____

Heating: Air Conditioning: Ventilation: Warm Air: Hot Water: Steam:

Oil: Gas: Electric: Solar: Absorption: Heat Pump:

Unit Make & Model: _____ AC Make & Model: _____

Bonnet Output of Unit btu's: _____ Heat Loss btu's: _____ Heat Gain _____

Contractor: _____ CT License # & Category: _____

Address: _____ Phone #: _____

Contractor's Signature: _____ Date: _____

Owner's Signature: _____ Date: _____

Remarks:

Rough Inspection: _____ Final Inspection: _____

The above signed, hereby applies for a permit to do work according to the above specifications. All provisions of the Building Code shall be complied with in the installation of this work whether specified herein or not. The Building Inspector at his discretion may revoke this permit. It is the applicant's responsibility to schedule required inspections.