



The City of Waterbury
DEPARTMENT OF INSPECTION
 26 Kendrick Ave
 Waterbury, CT 06702
 (203) 574-6855

PERMIT NUMBER:

Application for Heating, A/C, or Refrigeration Permit

Date: _____

PLEASE PRINT LEGIBLY

Applicant:
 Name: _____
 Address: _____
 City/State/Zip: _____

LOCATION OF WORK:

Owner:
 Name: _____
 Address: _____
 City/State/Zip: _____

License Number: _____
 Phone Number: _____
 Owner's Phone: _____

Building Type:

Commercial
 Industrial
 Residential
 # of Families? _____

Type of Work:

Wood Stove
 Fireplace
 Gas Piping
 Other _____

Air Conditioning/Refrigeration:

Manufacturer's Name: _____
 Model #: _____

Heating:

Manufacturer's Name: _____
 Model #: _____
 Type of System: _____
 Type of Firing: _____

ESTIMATED COST: \$ _____

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as an authorized agent and we agree to conform to all applicable laws of this jurisdiction.

PRINT NAME: _____ **SIGNATURE:** _____

Do not write below this line - For Office use Only

Permit Fee: \$ _____
 State Ed Fee: \$ _____
 Penalty Fee: \$ _____
TOTAL \$ _____

Building Permit Required? YES NO
 Permit#: _____
 Issued by: _____
 Mechanical Inspector

