



**DEPARTMENT OF INSPECTION**

26 Kendrick Ave. 1st floor - Waterbury, CT 06702  
(203) 574-6832

Date of Application

Application Number  
(for tracking purposes)

**Application for Mechanical Permit**

**PERMIT REQUESTED:** (Choose One)

- Electrical
- Fire Alarm
- Fire Sprinkler
- HVAC
- Plumbing
- Sewer
- Hood
- Hood Suppression
- Fire Suppression

**WORK CLASS:** (Choose those that apply)

- Abandonment
- Addition
- Alteration
- Change of Use
- Conversion
- Disconnection
- Demolition
- Install
- New
- Relocation
- Remodel
- Removal
- Repair
- Service Change
- Temporary Service
- Tenant Fit-out
- Tenant Improvement

**Building Permit Required**     YES     NO

**Building Permit #** \_\_\_\_\_

**Applicant's Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City/State/Zip:** \_\_\_\_\_  
**Phone #:** \_\_\_\_\_

**LOCATION OF WORK:**

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**Map/Block/Lot:** \_\_\_\_\_

**Contractor's Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City/State/Zip:** \_\_\_\_\_  
**Phone #:** \_\_\_\_\_

**Owner's Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City/State/Zip:** \_\_\_\_\_  
**Phone #:** \_\_\_\_\_

**Type of License:** \_\_\_\_\_  
**License #:** \_\_\_\_\_  
**Certificate of Insurance ?**     Yes     No  
**Insurance Expiration Date:** \_\_\_\_\_  
**Worker Compensation Form 7A, 7B, 7C?**     Yes     No

**Architect's Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City/State/Zip:** \_\_\_\_\_  
**Phone #:** \_\_\_\_\_

**BUILDING TYPE:** (Choose One)

- Residential
- Commercial
- Industrial
- Other \_\_\_\_\_

**CHANGE OF USE:**     YES     NO

**CONSTRUCTION TYPE:** \_\_\_\_\_

**OCCUPANCY CODE:** \_\_\_\_\_

**BUILDING SPRINKLED:**     YES     NO

**DESIGN OCCUPANT LOAD:** \_\_\_\_\_

**ENTERPRISE ZONE:**     YES     NO

**Certificate of Approval (CA) Required**

**DESCRIPTION OF WORK:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PLUMBING --"WORK ITEMS"-Check all that apply to this application. Indicate # of each.**

<input type="checkbox"/> Back-flow preventers	<input type="checkbox"/> Oil Separator
<input type="checkbox"/> Bath Tubs	<input type="checkbox"/> Plumbing
<input type="checkbox"/> Bidets	<input type="checkbox"/> Radon systems
<input type="checkbox"/> Dishwashers	<input type="checkbox"/> Sand Separator
<input type="checkbox"/> Drinking Fountains	<input type="checkbox"/> Service Sinks
<input type="checkbox"/> Floor Drains	<input type="checkbox"/> Shower Stalls
<input type="checkbox"/> Gas Piping	<input type="checkbox"/> Swimming pools/ tubs- commercial
<input type="checkbox"/> Gas station piping	<input type="checkbox"/> Urinals
<input type="checkbox"/> Grease Separator (underground)	<input type="checkbox"/> Washing Machines
<input type="checkbox"/> Grease Trap	<input type="checkbox"/> Water Closet
<input type="checkbox"/> Irrigation	<input type="checkbox"/> Water Heater
<input type="checkbox"/> Kitchen Sinks	___ Gas
<input type="checkbox"/> Lavatories	___ Oil
	___ Electric

**SEWER** -please answer the following:  
 Call before you dig?     YES     NO  
 Call before you dig # \_\_\_\_\_  
**"WORK ITEMS"-Check all that apply to this application:**

<input type="checkbox"/> Sanitary Sewer	<input type="checkbox"/> Oil Separator
<input type="checkbox"/> Storm Sewer	<input type="checkbox"/> Grease Separator
<input type="checkbox"/> Drywell	<input type="checkbox"/> Sand Separator

**FIRE SPRINKLER** -please answer the following:  
 Fire hydrants     YES     NO     Chemical System  
 Size of main: \_\_\_\_\_  
 Fire Department connected (4" Storz): \_\_\_\_\_  
**"WORK ITEMS"-Check all that apply to this application:**  
 Wet System

**FIRE SUPPRESSION** -please answer the following:  
 Fire Suppression system type: \_\_\_\_\_  
 System capacity (gallons) \_\_\_\_\_    Type of pipe \_\_\_\_\_  
 Size of risers: \_\_\_\_\_    # of risers: \_\_\_\_\_  
**"WORK ITEMS"-Check all that apply to this application:**  
 Dry Chemical Fire Suppression System

**FIRE ALARM**  
**"WORK ITEMS"-Check all that apply to this application:**  
 Fire alarm :     single family     commercial  
                    two family         mixed use  
                    multi-family

OVER

**ELECTRICAL** -please answer the following:  
 CRS# \_\_\_\_\_ #Meters: \_\_\_\_\_  
 before service change: \_\_\_\_\_ after service change: \_\_\_\_\_  
**Main feeder:** \_\_\_\_\_ **Su-Sub-feeder:** \_\_\_\_\_  
 AMPS: \_\_\_\_\_ AMPS: \_\_\_\_\_  
 Calculated load: \_\_\_\_\_ Calculated load: \_\_\_\_\_  
 Wire type: \_\_\_\_\_ Wire type: \_\_\_\_\_  
 Wire size: \_\_\_\_\_ Wire size: \_\_\_\_\_

**"WORK ITEMS"-Check all that apply to this application:**

**Single family**

- addition
- electric heaters
- new
- photovoltaic system
- remodel
- repair
- Service Change*
  - overhead
  - underground
- temporary service
- water heaters
- wire furnace

**Two family**

- A/C wiring
- addition
- electric heaters
- new
- photovoltaic system
- remodel
- repair
- security system
- Service Change*
  - overhead
  - underground
- temporary service
- water heaters
- wire furnace

**Multi-family**

- addition
- add owner's meter
- electric heaters
- install electric heaters
- install common area wiring
- install electric - gutted
- new
- remodel
- repair
- security system
- Service Change*
  - overhead
  - underground
- temporary service
- water heaters
- wire furnace

**Mixed Occupancy**

- addition
- add meter
- electric heaters
- new
- photovoltaic
- remodel
- repair
- security system
- Service Change*
  - overhead
  - underground
- temporary service
- water heaters
- wire furnace

**Commercial**

- addition
- add meter
- electric heaters
- new
- photovoltaic
- remodel
- repair
- security system
- Service Change*
  - overhead
  - underground
- temporary service
- water heaters
- wire furnace

**Other**

- Above ground pool
- A/C wiring
- CCTV
- Cell sites
- Emergency generators
- Emergency lighting
- Exit lights
- Gas station pump
- Gas station tank
- Heating oil dispenser
- In-ground pool
- Parking lot lights
- Propane dispenser
- Sound systems
- Stand-by generators
- Tele/data
- Temperature controls

**HVAC** -please answer the following:  
 AC/Refrigeration manufacturer \_\_\_\_\_  
 AC/Refrigeration model # \_\_\_\_\_  
 Heating manufacturer \_\_\_\_\_  
 Heating model # \_\_\_\_\_  
 Heating - type of firing \_\_\_\_\_  
 Heating - type of system \_\_\_\_\_  
**"WORK ITEMS"-Check all that apply to this application:**  
 A/C  Heating  
 Fireplace - gas  Refrigeration  
 Gas Piping - HVAC  Wood Stove

**HOOD** -please answer the following:  
 Make up air \_\_\_\_\_  
 Maximum height \_\_\_\_\_  
 Maximum clearance from combustibles \_\_\_\_\_  
 Metal Duct  YES  NO  
 Type of Metal \_\_\_\_\_  
 Termination above roof \_\_\_\_\_  
 Size of canopy hood \_\_\_\_\_  
 Type of grease filters \_\_\_\_\_  
**"WORK ITEMS"-Check all that apply to this application:**  
 Hood  Hood Suppression

**CHIMNEY** -please answer the following:  
 Flue lining system \_\_\_\_\_  
 Gage of metal \_\_\_\_\_  
 Type of metal \_\_\_\_\_  
 Make up air \_\_\_\_\_  
 Maximum clearance from combustibles \_\_\_\_\_  
 Termination above roof \_\_\_\_\_  
 Maximum height \_\_\_\_\_  
**"WORK ITEMS"-Check all that apply to this application:**  
 Masonry Chimney  Metal Chimney

**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.

**APPLICANT'S NAME :** \_\_\_\_\_  
 (please print)

**SIGNATURE:** \_\_\_\_\_

**For Inspector's Use Only - Do Not Write Below This Line:**

**Reviews Required?**  
 Fire Marshal  Yes  No

**Application Reviewed - OK to Issue Permit:**

(Authorizing Inspector's Signature) \_\_\_\_\_  
 Permit Fee: \$ \_\_\_\_\_  
 State Fee: \$ \_\_\_\_\_  
**Total Fee Collected: \$** \_\_\_\_\_

**Cash/Check #** \_\_\_\_\_

