

BUILDING DEPARTMENT
295 MERIDIAN STREET
GROTON, CT 06340

CITY OF GROTON
TEL # 446-4104
FAX # 446-4109

PERMIT # _____
ISSUE DATE _____

APPLICATION AND H.V.A.C. PERMIT

**** PERMIT NOT VALID UNTIL SIGNED BY BUILDING OFFICIAL ****
**** PLANS OR SKETCH MUST ACCOMPANY THIS APPLICATION ****

LOCATION/ADDRESS _____

OWNER _____ ADDRESS _____

DATE SUBMITTED _____ ESTIMATED COST _____ FEE _____

RESIDENTIAL _____ BUSINESS/INDUSTRIAL _____

NEW _____ ALTERATION _____ REPAIR _____ ADDITION _____

OIL _____ GAS _____ LPG _____ ELECTRIC _____

PRESENT USE _____

TYPE OF EQUIPMENT	HP/BTU	NUMBER	TYPE OF EQUIPMENT	HP/BTU	NUMBER
Air Cond. Units			Conversion Burner		
Refrigeration Unit			Clothes Dryer		
Boilers			Ventilation Fan		
Forced Air System			C.F.M.		
M EA.			Range Hood		
Gravity Systems			C.F.M.		
M EA.			Air Handling		
Floor Furnaces			C.F.M.		
M			Incinerator		
Wall Heaters			Gas Piping		
M			Range Com Dom		
Unit Heaters					
M					

REMARKS: _____

CONTRACTOR'S NAME _____ TEL # _____
CONTRACTOR'S ADDRESS _____ CITY _____ STATE _____ ZIP _____
CONTRACTOR'S LICENSE # _____ EXP DATE _____ CLASS _____

APPLICANT CERTIFIES THAT ALL INFORMATION GIVEN IS CORRECT AND THAT ALL WORK
WILL BE DONE IN CONFORMANCE WITH THE CONNECTICUT STATE BUILDING CODE.

ISSUED BY _____
CONTRACTOR'S SIGNATURE _____ BUILDING OFFICIAL'S SIGNATURE _____

This is to certify that the H.V.A.C. work done under this permit has
been completed in accordance with the Connecticut State Building Code.

MECHANICAL INSPECTOR _____

DATE _____