PERMIT NO. _____

LICENSE NO. _____

# APPLICATION FOR HEATING PERMIT

(Application must be typed or printed)

TOWN OF SOUTHBURY
CONNECTICUT

## LOCATION OF JOB

ZONE

STREET CARD NO

MAP BLOCK LOT

## OWNER

NO. STREET

TOWN OR CITY STATE ZIP

## APPLICANT

NO. STREET

TOWN OR CITY STATE ZIP

## HEATING CONTRACTOR

NO STREET

TOWN OR CITY STATE ZIP

## FEE SCHEDULE

FEE Estimated cost

Building Official may demand affidavit of actual cost.

| | COST | FEE |
|---|---|---|
| Estimated | | |
| Actual | | |
| Difference | | |
| Additional | | |

## DEPARTMENT DECISION

Application is hereby

☐ Approved ☐ Disapproved

DATE INSPECTOR

THIS PERMIT EXPIRES ONE YEAR FROM DATE OF ISSUE

## TYPE OF BUILDING

☐ Residential ☐ Commercial

☐ _____ Other

## TYPE OF JOB

☐ Original Construction ☐ Repair

☐ Alteration ☐ Demolition

☐ Addition _____

## TYPE OF INSTALLATION

☐ Steam ☐ Hot Water

☐ Hot Air ☐ Air Conditioning

☐ Ventilation ☐ Incinerator

☐ Sprinkler ☐ Other

## INSPECTION

DATE FINAL APPROVAL

## FURNACE

Make _____

Model _____

C.F.M. _____

## BURNER

Make _____

Model _____

B.T.U. Per Hour _____

## TANK

Location _____

Size _____ Gallons

Fuel Size _____ in.

Vent Size _____ in.

## PIPES

| | NO. | SIZE |
|---|---|---|
| Main | | |
| Circuits | | |
| Zone | | |

## HEAT LOSS SCHEDULE

Heat loss schedule must be complete for all jobs. System guaranteed adequate to heat all rooms to 72° in 10° below zero weather.

INSULATION Floor R - _____ Wall R - _____ Ceiling R - _____

| ROOM | L | W | H | EXPOSED WALL | CEILING | GLASS | FLOOR | CUBIC CONTENT | TOTAL B T U REQ. | RADIATION SQ. FT. |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | |
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Electrical Work By _____ NAME ADDRESS PERMIT NO.

REMARKS: _____

All work covered by this application has been authorized by the (owner) or (agent) of this property and will be done according to local code and regulations.

DATE APPLICANT

SAMPLE