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

Full 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.

_____

_____

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