PLUMBING/HVAC/MECHANICAL

CITY OF MERIDEN OFFICE USE ONLY BUILDING DEPARTMENT PHONE: (203) 630-4091 PERMIT#: _____ 142 EAST MAIN STREET FAX: (203) 630-4093 MERIDEN, CT 06450 ENTRY DATE: _____ ADDRESS OF PROJECT: _________ OWNER OF PROPERTY: PHONE: OWNERS ADDRESS: CONTRACTORS NAME: _____ PHONE: _____ CONTRACTORS LICENSE NUMBER: _____ EST COST: _____ CONTRACTORS ADDRESS: APPLICIANTS EMAIL: DESCRIPTION OF WORK: ____ TYPE OF SYSTEM: WARM AIR: _____HOT WATER: ____STEAM: ___OIL: ____GAS: ____ TANK SIZE: _____ TANK LOCATION: _____ TYPE TANK: LP:_____ OIL:_____ HEATING MAKE/MODEL OF UNIT:______BTU/HR:_____INPUT:_____ ADDITIONAL EQUIP. INPUT: ______BUILDING HEAT LOSS: _____ DESIGN TEMP: OUTSIDE: _____CFM:_____ COMBUSTION AIR SOURCE: INSIDE:_____OUTSIDE:_____TOTAL CUBIC FEET:_____ AIR CONDITIONING--VENTILATION--REFRIGERATION MAKE/MODEL UNIT: BTU/HR. OUTPUT: SEER: BUILDING HEAT GAIN: _____ DESIGN TEMP: OUTSIDE DB: _____ INSIDE DB: _____ TOTAL CFM:_____OUTSIDE WB:_____REFRIGERANT TYPE:_____ Heat LOSS/GAIN CALCULATIONS: ATTACHED AS PER PLANS OTHER A COPY OF WORKMANS COMPENSATION INSURANCE POLICY INCLUDED: YES NO IF "NO" PLEASE SUPPLY STATE ALTERNATIVE WORKERS COMPENSATION FORM 7A or 7B. I hereby certify that the owner of record authorizes the proposed work, I have been authorized by the owner of record to make this application as an authorized agent, and we agree to conform to all the requirements of the laws and codes of the State of Connecticut. APPLICANT NAME: SIGN: DATE: FOR OFFICE USE ONLY BELOW THIS LINE PERMIT FEE: _ STATE EDUCATION FEE: .26 PER THOUSAND: \$_____

** NO REFUNDS ON PERMIT FEES**

TOTAL PERMIT FEE DUE: \$____

Department Signoff:

Tax Collector: ______