PLUMBING/HVAC/MECHANICAL

CITY OF MERIDEN
BUILDING DEPARTMENT
142 EAST MAIN STREET
MERIDEN, CT 06450

PHONE: (203) 630-4091
FAX: (203) 630-4093

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:_____INSIDE:_____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: _____

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

FOR OFFICE USE ONLY BELOW THIS LINE

PERMIT FEE: _____
STATE EDUCATION FEE: .26 PER THOUSAND: $_____
TOTAL PERMIT FEE DUE: $_____

***** NO REFUNDS ON PERMIT FEES****