

PERMIT NUMBER

APPLICATION MUST BE FILLED OUT IN INK

APPLICATION FOR A HEATING/AIR CONDITIONING PERMIT

Town of Lisbon Building Dept., 1 Newent Road, Lisbon, CT 06351

Telephone: (860-376-8291)

Fax: (860-376-6545)

Commercial

Residential

JOB LOCATION

DATE

OWNER'S NAME

TEL. NO.

OWNER'S ADDRESS

CONTRACTOR'S NAME

TEL. NO.

CONTRACTOR'S ADDRESS

CITY

STATE

ZIP CODE

LICENSE TYPE

LICENSE NUMBER

DESCRIPTION OF WORK TO BE PERFORMED

TYPE OF WORK:

ORIGINAL INSTALLATION

ALTERATION

ADDITION

REPAIR

DEMOLITION

TYPE OF SYSTEM:

WOOD/COAL STOVE

HOT AIR

OTHER

FUEL TYPE:

GAS

OIL

ELECTRIC

OTHER

MAKE

MODEL

B.T.U.

FURNACE/BOILER:

BURNER MAKE

MODEL

C.F.M.

TANK:

LOCATION

SIZE

(GALLONS)

FILL PIPE SIZE

(INCHES)

VENT PIPE SIZE

(INCHES)

REMARKS

ALL WORK COVERED UNDER THIS PERMIT HAS BEEN AUTHORIZED BY THE OWNER OR AGENT OF THIS PROPERTY AND WILL BE DONE IN ACCORDANCE WITH THE ADOPTED MECHANICAL CODE AS AMENDED BY THE STATE OF CONNECTICUT. NO WORK SHALL COMMENCE UNTIL THIS APPLICATION IS FILED WITH THE BUILDING DEPARTMENT AND A PERMIT IS ISSUED.

APPLICANTS SIGNATURE

DATE

PLEASE PRINT NAME

ESTIMATED VALUE OF WORK

PERMIT FEE

EDUCATION FEE

TOTAL FEE

APPROVED BY

, BUILDING OFFICIAL

PERMIT APPLICATIONS MUST BE COMPLETED AND RETURNED TO BUILDING DEPARTMENT PRIOR TO REQUEST FOR INSPECTION.