



Date of Application _____

Application Number _____
 (for tracking purposes)

Application for Mechanical Permit

PERMIT REQUESTED: (Choose One)

- | | | |
|---|-----------------------------------|---|
| <input type="checkbox"/> Electrical | <input type="checkbox"/> HVAC | <input type="checkbox"/> Hood |
| <input type="checkbox"/> Fire Alarm | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Hood Suppression |
| <input type="checkbox"/> Fire Sprinkler | <input type="checkbox"/> Sewer | <input type="checkbox"/> Fire Suppression |

WORK CLASS: (Choose those that apply)

- | | | |
|--|-------------------------------------|---|
| <input type="checkbox"/> Abandonment | <input type="checkbox"/> Demolition | <input type="checkbox"/> Repair |
| <input type="checkbox"/> Addition | <input type="checkbox"/> Install | <input type="checkbox"/> Service Change |
| <input type="checkbox"/> Alteration | <input type="checkbox"/> New | <input type="checkbox"/> Temporary Service |
| <input type="checkbox"/> Change of Use | <input type="checkbox"/> Relocation | <input type="checkbox"/> Tenant Fit-out |
| <input type="checkbox"/> Conversion | <input type="checkbox"/> Remodel | <input type="checkbox"/> Tenant Improvement |
| <input type="checkbox"/> Disconnection | <input type="checkbox"/> Removal | |

Building Permit Required YES NO

Building Permit # _____

ADDRESS (where work is being done): _____

Map/Block/Lot: _____

Applicant's Name: _____

(person signing application)

Address: _____

City/State/Zip: _____

Phone #: _____

Fax #: _____

Email: _____

Property Owner: _____

Address: _____

City/State/Zip: _____

Phone #: _____

Fax #: _____

Email: _____

Contractor's Name: _____

Address: _____

City/State/Zip: _____

Phone #: _____

Fax #: _____

Email: _____

**CONTRACTOR RESPONSIBLE FOR
SCHEDULING ALL INSPECTIONS**

Type of License: _____

License #: _____

Certificate of Insurance ? Yes No

Insurance Expiration Date: _____

**Business Owner
or Tenant:** _____

Address: _____

City/State/Zip: _____

Phone #: _____

Fax #: _____

Email: _____

CONSTRUCTION TYPE: _____

OCCUPANCY CODE: _____

DESIGN OCCUPANT LOAD: _____

CHANGE OF USE: YES NO

BUILDING SPRINKLED: YES NO

CERTIFICATE OF APPROVAL ? YES NO

BUILDING TYPE: (Choose One)

Residential Commercial

Units _____ Industrial

Other _____

DESCRIPTION OF WORK: _____

PLUMBING

**"WORK ITEMS"-Check all that apply to this application.
Indicate # of each.**

- | | |
|---|--|
| <input type="checkbox"/> Back-flow preventers | <input type="checkbox"/> Radon systems |
| <input type="checkbox"/> Bath Tubs | <input type="checkbox"/> Sand Separator |
| <input type="checkbox"/> Bidets | <input type="checkbox"/> Service Sinks |
| <input type="checkbox"/> Dishwashers | <input type="checkbox"/> Shower Stalls |
| <input type="checkbox"/> Drinking Fountains | <input type="checkbox"/> Swimming pools/
tubs- commercial |
| <input type="checkbox"/> Floor Drains | <input type="checkbox"/> Urinals |
| <input type="checkbox"/> Gas Piping | <input type="checkbox"/> Washing Machines |
| <input type="checkbox"/> Gas station piping | <input type="checkbox"/> Water Closet |
| <input type="checkbox"/> Grease Trap | <input type="checkbox"/> Water Heater |
| <input type="checkbox"/> Irrigation | <input type="checkbox"/> Gas |
| <input type="checkbox"/> Kitchen Sinks | <input type="checkbox"/> Oil |
| <input type="checkbox"/> Lavatories | <input type="checkbox"/> Electric |
| <input type="checkbox"/> Oil Separator | |
| <input type="checkbox"/> Plumbing | |
- Water heater pan and relief valve discharge MUST be installed according to IPC. Sec. 504**

SEWER

Call before you dig? YES NO **Call before you dig #**

"WORK ITEMS"-Check all that apply to this application:

- | | |
|---|---|
| <input type="checkbox"/> Sanitary Sewer | <input type="checkbox"/> Oil Separator |
| <input type="checkbox"/> Storm Sewer | <input type="checkbox"/> Sand Separator |
| <input type="checkbox"/> Drywell | <input type="checkbox"/> Grease Separator / FOG |

FOOD, OIL & GREASE (FOG) SEPARATORS

All persons applying for a Sewer Permit for the installation of Food, Oil & Grease (FOG) Separators must file an application for a General Permit for the Discharge of Wastewater Associated with Food Preparation Establishments AT THE DEPARTMENT OF WATER POLLUTION CONTROL (203-574-8265).

Applicants signature on this application for permit will serve as proof of notice of this requirement.

OVER



ELECTRICAL

CRS# _____ #Meters: _____
 before service change: _____ after service change: _____

Main feeder: _____ **Sub-feeder:** _____
 AMPS: _____ AMPS: _____
 Calculated load: _____ Calculated load: _____
 Wire type: _____ Wire type: _____
 Wire size: _____ Wire size: _____

"WORK ITEMS"-Check all that apply to this application:

<input type="checkbox"/> Single family	Other
<input type="checkbox"/> Two family	<input type="checkbox"/> Above ground pool
<input type="checkbox"/> Multi-family	<input type="checkbox"/> A/C wiring
<input type="checkbox"/> Mixed Occupancy	<input type="checkbox"/> CCTV
<input type="checkbox"/> Commercial	<input type="checkbox"/> Cell sites
<input type="checkbox"/> addition	<input type="checkbox"/> Emergency generators
<input type="checkbox"/> add meter	<input type="checkbox"/> Emergency lighting
<input type="checkbox"/> add owner's meter	<input type="checkbox"/> Exit lights
<input type="checkbox"/> electric heaters	<input type="checkbox"/> Gas station pump
<input type="checkbox"/> install common area wiring	<input type="checkbox"/> Gas station tank
<input type="checkbox"/> install electric - gutted	<input type="checkbox"/> Heating oil dispenser
<input type="checkbox"/> new	<input type="checkbox"/> In-ground pool
<input type="checkbox"/> photovoltaic system	<input type="checkbox"/> Parking lot lights
<input type="checkbox"/> remodel	<input type="checkbox"/> Propane dispenser
<input type="checkbox"/> repair	<input type="checkbox"/> Sound systems
<input type="checkbox"/> security system	<input type="checkbox"/> Stand-by generators
Service Change	<input type="checkbox"/> Tele/data
<input type="checkbox"/> overhead	<input type="checkbox"/> Temperature controls
<input type="checkbox"/> underground	
<input type="checkbox"/> temporary service	
<input type="checkbox"/> water heaters	
<input type="checkbox"/> wire furnace	

Additional Information: _____

FIRE SPRINKLER

Fire hydrants YES NO
 Size of main: _____
 Fire Department connected (4" Storz): _____

"WORK ITEMS"-Check all that apply to this application:
 Chemical System Dry System Wet System

HVAC

AC/Refrigeration manufacturer _____
 AC/Refrigeration model # _____
 Heating manufacturer _____
 Heating model # _____
 Heating - type of firing _____
 Heating - type of system _____

"WORK ITEMS"-Check all that apply to this application:
 A/C Heating
 Fireplace - gas Refrigeration
 Gas Piping - HVAC Wood Stove

HOOD

Make up air _____
 Height _____
 Clearance from combustibles _____
 Metal Duct YES NO
 Type of Metal _____
 Termination above roof _____
 Size of canopy hood _____
 Type of grease filters _____

CHIMNEY

Flue lining system _____
 Gage of metal _____
 Type of metal _____
 Make up air _____
 Maximum clearance from combustibles _____
 Termination above roof _____
 Maximum height _____

"WORK ITEMS"-Check all that apply to this application:
 Masonry Chimney Metal Chimney

FIRE ALARM

"WORK ITEMS"-Check all that apply to this application:

Fire alarm : single family commercial
 two family mixed use
 multi-family

FIRE/HOOD SUPPRESSION

Fire Suppression system type: _____
 System capacity (gallons) _____ Type of pipe _____
 Size of risers: _____ # of risers: _____

ESTIMATED COST: \$ _____

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as an authorized agent and we agree to conform to all applicable laws of this jurisdiction.

APPLICANT'S NAME : _____
 (please print)

SIGNATURE: _____

For Inspector's Use Only - Do Not Write Below This Line:

Reviews Required?	Permit Fee: \$ _____
Fire Marshal <input type="checkbox"/> Yes <input type="checkbox"/> No	State Fee: \$ _____
Water Pollution Control <input type="checkbox"/> Yes <input type="checkbox"/> No	CA Fee: \$ _____
Application Reviewed - OK to Issue Permit:	Penalty Fee: \$ _____
(Authorizing Inspector's Signature)	Fire Marshal Fee: \$ _____
rvsd. 9/4/13	WPC Fee: \$ _____
	Total Fee Collected: \$ _____

