

Town of Litchfield

Mechanical Permit Application

Estimated Value: _____
Permit Fee: _____

\$10 for the first \$1,000

\$5 for each additional \$1,000 or part thereof

Office Use Only

Permit Number: _____

Date of Application: _____

Heating Contractor/Applicant:

Name: _____

Address: _____

Town: _____ State: _____ Zip: _____

Phone: _____ License #: _____ Classification: _____ Expiration: _____
(not applicable for owner)

Owner:

Name: _____

Address: _____

Town: _____ State: _____ Zip: _____

Job Location:

Street Number: _____ Street: _____

Map: _____ Block: _____ Lot: _____

Office Use Only

Type of Job: _____

Remarks:

Turn to the back if more space is needed

This is to certify that the above information is true to the best of my knowledge and that all work covered by this application will be done according to the Connecticut Building Code.

Signature

Date