

CITY OF NORWALK

MECHANICAL PERMIT APPLICATION

SELECT WORK TYPE:

A/C OIL PROPANE GASOLINE TANKS FURNACES
GAS PIPING HOT WATER/STEAM BOILERS HOODS
(need fire Marshal stamped drawings)

Date of Passed Inspection: _____ Mechanical Permit #: _____

Address of Work: _____ Building Permit #: _____

Owners Name: _____ District: _____ Block: _____ Lot: _____

Address: _____ City/Town: _____ State: _____ Zip: _____

Phone: _____ Tenant: _____

Contractor: _____

License Holder: _____ Signature: _____

Address: _____ City/Town: _____ State: _____ Zip: _____

Phone (office & cell): _____ Email: _____

License Type: _____ License Number: _____ Expiration Date: _____

Work Description:

Construction Classification: _____ Use Group: _____

Estimated Cost of Construction: \$ _____
Permit Fee: \$ _____
CT Education Tax: \$ _____ Credit Card/Check #: _____
Compliance Letter: \$ _____
Total: \$ _____

NOTICE

LOCATION OF ANY EXTERIOR EQUIPMENT MUST BE SHOWN ON A PLOT PLAN APPROVED BY THE PLANNING & ZONING DEPARTMENT BEFORE ISSUANCE OF PERMIT

CERTIFICATION: I hereby certify ___ I am the owner of record of the named property or ___ that the proposed work is authorized by the owner of record and/or I have been authorized to make this application as an authorized agent, and we agree to conform to all applicable laws, regulations and ordinances. All information contained within is true and accurate to the best of my knowledge and belief.

Owner/Applicant Signature: _____ Inspector Signature: _____ Date: _____