

MECHANICAL PERMIT

TOWN OF WILLINGTON

DATE _____

ESTIMATED COST \$ _____

CONTRACTOR'S LICENSE NO* _____

JOB LOCATION _____

OWNER _____

KIND OF BUILDING _____ USED AS _____

BLDG. DEPT. USE
FEE \$ _____
PERMIT # H -_____
VERIFIED BY* _____

NEW <input type="checkbox"/>	ADDITION <input type="checkbox"/>	OIL <input type="checkbox"/>	GAS <input type="checkbox"/>
ALTERATION <input type="checkbox"/>	REPAIR <input type="checkbox"/>	LPG <input type="checkbox"/>	ELECT. <input type="checkbox"/>

TYPE OF EQUIPMENT	NUMBER	TYPE OF EQUIPMENT	NUMBER
Air Cond. Units— H. P. Ea.		Clothes Dryer	
Refrigeration Units— H. P. Ea.		Ventilation Fan	
Boilers— B.T.U.		Range Hood	
Forced Air Systems— B.T.U. M Ea.		Air Handling C.F.M.	
Gravity Systems— B.T.U. M Ea.		Incinerator	
Floor Furnaces— B.T.U. M		Gas Piping	
Wall Heaters— B.T.U. M		Range COM. DOM.	
Unit Heaters— B.T.U. M		Zones	
Conversion Burner			

PLEASE DESCRIBE THE SCOPE OF WORK: _____

CONTRACTOR'S NAME

TELEPHONE NO.

ADDRESS

CITY

STATE

ZIP

APPLICANT CERTIFIES THAT ALL INFORMATION GIVEN IS CORRECT AND THAT ALL WORK FOR WHICH THIS PERMIT IS ISSUED WILL BE COMPLETED IN ACCORDANCE WITH ALL APPLICABLE CODES.

THIS PERMIT EXPIRES ONE YEAR FROM DATE OF ISSUE.

Signature of Contractor

Signature of Building Official—Date