MECHANICAL PERMIT

TOWN OF STRATFORD
2725 Main Street
Stratford, CT 06615

Phone: (203) 385-4010
Fax: (203) 381-2053

Office Hours: 8:30 – 10:00 a.m.
1:00 – 2:00 p.m.

Permit # _____

Building Permit # _____

Permit fee_____

State Education fee_____

Total_____

Receipt #_____ Check #_____

Job Location_____ Date _____

Owner _____ Address _____

Owner (s) Phone # :_____

Kind of Building __ New – Residential __ Rehab – Residential __ Addition – Residential
__ New – Non-residential __ Rehab – Non-residential __ Addition – Non-residential

Number of Families _____

Description of work to be done _____

Type of Installation: __ Steam __ Hot Water __ Hot Air __ Other _____

Heating design conditions _____

Square footage of building to be served _____ Total Heat Loss _____

Make and Model of boiler, furnace or heating unit _____

Type of firing _____ BTU rating of heating unit _____ in _____ out _____

Size of chimney recommended by manufacturer _____

Oil tank location _____ Size _____ Fill pipe _____ Vent _____

Draft _____ No. of zones _____ Back flow preventor _____
Heat loss calculations required __ Yes __ No

Air Conditioning Design Conditions Inside _____ F Outside _____ F D B _____ FWB

Total Refrigeration Capacity B.T.U. per hour _____ Refrigerant _____

Manufacturer make and model _____

Type of condensing unit: __ Air __ Water __ Other _____

Total fan capacity C.F.M. _____ Fresh Air _____ C.F.M. _____
Heat gain calculations required __ Yes __ No

Phone #: _____

Mechanical Contractor _____ Cell #: _____

Address _____

City _____ State _____ Zip Code _____ License # _____ Type _____

Cost of Work _____

_____ Approved: _____
Signature of Mechanical Contractor Signature of Inspector

Remarks: _____

Note: On request of the issuing authority, the applicant shall furnish plans and design information on all systems to be installed under this permit. All work shall comply with the Connecticut State Building Code.