



John DeStefano, Jr.  
Mayor

Andrew J. Rizzo, Jr.  
Building Official

# HEATING/AIR CONDITIONING PERMIT APPLICATION

City of New Haven  
Building Department

200 Orange Street  
New Haven, CT 06510  
Telephone (203) 946-8045 – Fax (203) 946-8049

PERMIT NO:  
\_\_\_\_\_

APPLICATION DATE:  
\_\_\_\_\_

BUILDING PERMIT NO:  
\_\_\_\_\_

TYPE OF PERMIT:

- AIR CONDITIONING  
 HEATING

APPLICATION TO DO HEATING/COOLING WORK IN ACCORDANCE WITH THE HEATING CODE OF THE STATE OF CONNECTICUT AND ALL APPLICABLE STANDARDS - IN A BUILDING HEREINAFTER DESCRIBED:				
WORK LOCATION				
PROPERTY OWNER:		PROPERTY OWNERS ADDRESS		OWNER PHONE: ( ) -
KIND OF BUILDING:				
<input type="checkbox"/> NEW - RESIDENTIAL		<input type="checkbox"/> REHAB - RESIDENTIAL		<input type="checkbox"/> ADDITION - RESIDENTIAL
<input type="checkbox"/> NEW - NON RESIDENTIAL		<input type="checkbox"/> REHAB - NON RESIDENTIAL		<input type="checkbox"/> ADDITION - NON RESIDENTIAL
AREA TO BE CONDITIONED:		BOILER:	MAKE:	
TOTAL REFRIGERATION REQUIRED:		<input type="checkbox"/> WARM AIR SYS. <input type="checkbox"/> FIREPLACE		FUEL: <input type="checkbox"/> GAS <input type="checkbox"/> OIL
NO. COOLING MACHINES:	TYPE:	C.F.M.	<input type="checkbox"/> HOT WATER <input type="checkbox"/> STEAM	TOTAL BTU'S:
PERMISSION TO:				
INSPECTOR COMMENTS: <b>Mechanical Draft System Exhaust. Check International Code 1996, 805.3.1 – 805.3.7</b>				
APPLICANT:			INSPECTOR SIGNATURE:	
CONTRACTOR NAME:		CONTRACTOR CELL/PHONE:		APPROVED ON: ____/____/200__
		Cell # ( ) - Phone # ( ) -		
CONTRACTOR BUS. ADDRESS:			COST ESTIMATE: \$ _____	
CONTRACTOR LICENSE: (TYPE & NUMBER)			TOTAL FEES: \$ _____	

CERTIFICATION: I hereby certify that:  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.

X \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / 200\_\_  
Signature of Owner/Authorized Agent

Notarized By: \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / 200\_\_