



CITY OF MILFORD, CONNECTICUT APPLICATION FOR MECHANICAL PERMIT

Permit No. _____

Date: _____ Estimated Cost: _____ Fee: _____

PLEASE PRINT ALL INFORMATION

BLDG PERMIT# _____

The undersigned hereby applies to the Building Department of the City of Milford for a permit to do work in accordance with the following specifications and all applicable local and state ordinances and codes. **ALL APPLICATIONS FOR HEATING OR AIR CONDITIONING PERMITS FOR NEW BUILDINGS OR SUBSTANTIAL ADDITIONS FOR ALTERATIONS MUST BE ACCOMPANIED BY HEAT LOSS/GAIN CALCULATIONS.**

Type of permit applied for: (Check all that apply)

Heating _____ Air Conditioning _____ Duct Work Only _____ Other _____

Location _____

Owner _____ Address _____

Make of Bldg _____

Make of Furnace: _____ Size of Furnace: _____

Amount of Radiation: _____ B.T.U.'s _____

Make of A/C Unit: _____ Size of A/C Unit: _____

REMARKS: _____

Contractor: _____ Signature: _____
(Print Name)

Address: _____ City: _____ Zip: _____ Tel: _____

State License No. _____ Type: _____ Expiration Date: ____/____/____

Approved By: _____ Date: _____
BUILDING INSPECTOR

This application void if not completely filled out.
Permit is void in 6 months if work does not commence.

**SAMPLE COPY ONLY,
NOT FOR USE**