



Town of North Haven Mechanical Permit Application

DATE: _____

Telephone (203)239-5321 Ext. 405

PROPERTY INFORMATION

Residential

Non Residential

ADDRESS : _____ Bus. Name: _____

Unit # _____ Floor: _____ # Stories _____ Building Height: _____

S.F. of Unit _____ Total Building S.F. _____ Fire sprinklers YES NO

Property in a Flood Zone

YES NO

Property contains Easements

YES NO

Public Sewer

YES NO

Public Water supply

YES NO

Contains Wetlands

YES NO

Is work in a Confined Space

YES NO

CBYD Number (if required) _____

Start Date: _____

APPLICANT INFORMATION

Applicant is:

Owner

Contractor

Other

*see below

Name: _____

Telephone: _____

Address: _____

FAX: _____

E-mail: _____

License # & Type: _____

Exp. Date: _____

* Agent Name: _____

Telephone: _____

E-mail: _____

PROJECT INFORMATION (Load calculations must be supplied for all Heating/Air conditioning & Ventilation)

New Construction Addition Renovation Tenant Fit Out Other _____

TYPE OF SYSTEM: OIL ELECTRIC GAS* _____ Natural
*separate permit Propane

Detailed Description of Work: _____

Building Set Backs (for this project):

Required: Front: _____ Rear: _____ Side #1: _____ #2: _____ Lot coverage _____ %

Provided: Front: _____ Rear: _____ Side #1: _____ #2: _____ Lot coverage _____ %

Permit fees:

Value of Work: \$ _____ (include labor and materials) Bldg Fee \$ _____

Other Fee \$ _____

Fire fee \$ _____

Receipt # _____ Total \$ _____

Additional Permits or Information may be required, depending on the nature of the property and project.
If you are unsure whether these are required, please review this list with the Building Inspector.

- HEATING _____ Heat Loss Refrigeration/ _____
 Combustion air from: _____ Inside _____ outside COOLERS _____ Inside _____ outside
- A/C _____ Heat Gain
- HOOD _____
- Ventilation/ _____ New OIL TANK _____ Install _____ Above ground _____ Under ground
 Ductwork _____ Extend Existing _____ Remove _____ Above ground _____ Under ground

REQUIRED DOCUMENTS

Prior to any review process the following must be provided

- Plot plan/Zoning approval -To scale/Site plan (detailing the existing & proposed work to be done) or detailed plan of work to be performed (may require an A-2 survey, depending on scope of work)
- Architectural plan detailing the Existing Building and Proposed work. (1) set to Fire and (2) sets for Building
 Plans must show: Current & proposed use in all spaces including sq feet of proposed work area and total sq feet of Bldg
- Stamped Drawings (load calculations required for Roof Top Units) Not required
- Workers' Compensation or Waiver Affidavit.

Current Occupancy: _____

Proposed Occupancy: _____

Occupancy codes: A-1 to A-5, B, E, F1 or F-2, H-1 to H-5, I-1 to I-14,
 M, R-1 to R-4, S-1 or S-2. Occupancy classifications are listed in Ch. 3
 of the International Building Code. If you are uncertain of the correct
 occupancy code, please contact your design professional.

Type of Construction: _____

Construction codes: IA or B, IIA or B, IIIA or B, IV, VA or B
 Types of construction are described in Ch.6 of the
 International Building Code. If you are unsure of the type
 of construction, please contact your design professional.

APPLICANT :

I hereby certify that I am the Owner of the property which is the subject of this application, or the authorized agent of the property owner and have been authorized to make this application. I understand that when a permit is issued, it is a permit to proceed and grants no right to violate the State Building Code or any other code, regulation, ordinance or statute, regardless of what might be shown or omitted on the submitted plans and specifications. All information contained within is true and accurate to the best of my knowledge and belief. All permits approved are subject to inspections. In addition I authorize the Town of North Haven to properly dispose of all residential construction plans two (2) years after issuance of the Certificate of Occupancy or Final inspection, unless written request is submitted to the Building Office prior to that time.

| | | | | |
|--------------------------|-------|-----------------------------|-------|------|
| <input type="checkbox"/> | _____ | APPLICANT SIGNATURE | _____ | DATE |
| <input type="checkbox"/> | _____ | Health Department Signature | _____ | DATE |
| <input type="checkbox"/> | _____ | Zoning Official Signature | _____ | DATE |
| <input type="checkbox"/> | _____ | Town Engineer Signature | _____ | DATE |
| <input type="checkbox"/> | _____ | Fire Marshal Signature | _____ | DATE |
| <input type="checkbox"/> | _____ | Tax Collector | _____ | DATE |
| <input type="checkbox"/> | _____ | Building Official Signature | _____ | DATE |