

All work done under this permit must comply with the State of Connecticut Building Code effective October 1, 2016 As Amended

APPLICATION FOR MECHANICAL PERMIT PERMIT NO. _____

TOWN OF AVON

Tel. (860) 409-4316 • Fax (860) 409-4321
 60 West Main Street • Avon, Connecticut 06001-3743
Information MUST be provided in shaded areas.

Application Accepted By _____

IRC Chapter ()

LOCATION OF JOB (NO. & STREET)		FILE	GIS No.	CONST. TYPE	USE GROUP	OCCUPANCY	CBYD
TITLE		ADDRESS (No., Street, Town, State, Zip)			TEL.	FAX	CELL
PROPERTY OWNER							
TENANT							
APPLICANT							
MECHANICAL CONTRACTOR	LICENSE #						
ENGINEER / ARCHITECT	LICENSE #						
CONTACT PERSON							
PROJECT TYPE	BOILER OR FURNACE CHAPT. 9, 10, (14,20)	BURNER	FUEL TANK	CHAPT. 14(22)	PERMIT FEE		
<input type="checkbox"/> New Construction	Make _____ Model _____	Make _____ Model _____	Location _____	Pipe _____	Estimated Value	Fee	
<input type="checkbox"/> Addition	BTUH _____ Fan Coils # _____	Fuel _____ GPH _____	Type _____	Material _____			
<input type="checkbox"/> Alteration			Fuel _____	Size Vent _____	Paid In Permit No. _____		
<input type="checkbox"/> Repair/Replace			Gal _____	Size Fill _____			
REQ. VENTILATION CHAPT. 4 (3)	EXHAUST SYSTEM CHAPT. 5 (15)	DUCT SYSTEMS CHAPT. 6 (16)	HYDRONIC PIPING CHAPT. 12(21)				
Classification _____ Req. Outdoor Air Cfm _____	<input type="checkbox"/> Cloths Dryer <input type="checkbox"/> Dust <input type="checkbox"/> Kit. Hood <input type="checkbox"/> Hazardous Other _____ Fire Suppression <input type="checkbox"/> Yes <input type="checkbox"/> No	Duct Material _____ Insulation R-value _____	<input type="checkbox"/> Heating <input type="checkbox"/> Air Conditioner <input type="checkbox"/> Steam <input type="checkbox"/> Hot Water <input type="checkbox"/> Chilled water _____				
CHIMNEY OR VENT CHAPT. 8(18)	HEATING APPLIANCE CHAPTER 9 (14)	Smoke detector shut down required? <input type="checkbox"/> yes <input type="checkbox"/> No	<input type="checkbox"/> Heat Pump _____				
<input type="checkbox"/> Masonry <input type="checkbox"/> Special Gas <input type="checkbox"/> B Vent <input type="checkbox"/> Pellet <input type="checkbox"/> L Vent <input type="checkbox"/> Exhauster Size _____ Other _____ Chimney Connector size _____	<input type="checkbox"/> Fire Place <input type="checkbox"/> Room Heater <input type="checkbox"/> Stove <input type="checkbox"/> Insert <input type="checkbox"/> Solid Fuel <input type="checkbox"/> Gas <input type="checkbox"/> Vented <input type="checkbox"/> Unvented <input type="checkbox"/> Heat Pump	SOLAR SYSTEM CHAPT.15 (23)	<input type="checkbox"/> Other _____				
		Collector Make _____	Pipe Material _____				
		Transfer Fluid _____	Insulation _____				
AIR CONDITION/REFRIGERATION CHAPTER 11 (14)	FUEL GAS PIPING CHAPTER 13	COMBUSTION AIR CHAPTER 7 (17)					
Make _____ Model _____	<input type="checkbox"/> Natural <input type="checkbox"/> LP Material: _____	<input type="checkbox"/> Inside Air Cubic Feet of Unconfined Area _____					
System Classification <input type="checkbox"/> High <input type="checkbox"/> Low		<input type="checkbox"/> Confined Space Opening to Adjacent Area # _____ Free Area _____					
Ref. Classification Group _____		<input type="checkbox"/> Outside Air Condition <input type="checkbox"/> 1 <input type="checkbox"/> 2 Opening # _____ Free Area _____					
Max. Quantity _____ Enclosure _____		DESCRIPTION OF WORK/REMARKS					
Location _____ Pipe Material _____							
All work covered by this application has been authorized by the owner of this property or an authorized agent and will be done in compliance with all local, state and federal regulations. This permit shall lapse if work does not commence within 180 days.							
Property Owner Signature _____ Date _____		APPROVAL CONSTITUTES ISSUANCE OF THIS MECHANICAL PERMIT					
Agent Signature _____ Date _____							
		Plan Reviewed By _____ Date _____					
		<input type="checkbox"/> Approved as noted <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved					
		Building Official _____ Date _____					