

TOWN OF BETHEL

Bethel Building Department
1 School Street
Bethel, CT 06801
203-794-8517 fax: 203-794-8595

BUILDING EQUIPMENT INSTALLATION APPLICATION

AIR CONDITIONERS & BOILERS

DATE _____
NEW JOB REPLACEMENT RESIDENTIAL COMMERCIAL INDUSTRIAL OTHER (PLEASE SPECIFY) _____

JOB LOCATION _____ LOT NO. _____ STREET NO. _____

TYPE OF PERMIT - CHECK ONE BOX ONLY (EXCEPT WHERE INDICATED)

<input type="checkbox"/> ELECTRIC	<input type="checkbox"/> WATER CONDITIONER	<input type="checkbox"/> OTHER * _____
<input type="checkbox"/> PLUMBING	<input type="checkbox"/> TANK INSTALLATION	<input type="checkbox"/> HEATING * TYPE OF SYSTEM (HEATING ONLY)
<input type="checkbox"/> VENTILATING	<input type="checkbox"/> APPLIANCE *	HOT WATER <input type="checkbox"/> WARM AIR <input type="checkbox"/>
<input type="checkbox"/> SPRINKLER	<input type="checkbox"/> WATER HEATER *	STEAM <input type="checkbox"/> RADIATION <input type="checkbox"/> HEAT PUMP <input type="checkbox"/>
<input type="checkbox"/> WOOD STOVE	<input type="checkbox"/> POOL HEATER *	<input type="checkbox"/> OTHER _____
<input type="checkbox"/> WELL PUMP	<input type="checkbox"/> AIR CONDITIONING * Provide access & work space.	

* TYPE OF FUEL (COMPLETE ONLY FOR ITEMS MARKED WITH A * ABOVE)
ELECTRIC GAS OIL SOLAR OTHER (PLEASE SPECIFY) _____

NOTE: Provide combustion air as required. If boiler supplies hot water for domestic use, a mixing valve complying with ASSE 1017 shall be installed to temper water to 140° or less.
TOTAL HEAT LOST/GAIN _____ BTU'S EQUIPMENT RATING _____ BTU'S ESTIMATED COST \$ _____

NAME OF CONTRACTOR _____

ADDRESS _____

LICENSE NO. AND CLASS _____ TEL. NO. _____

DESCRIPTION OF WORK (MAKE, MODEL NO., SIZE ETC.) _____

APPLICANT'S SIGNATURE _____

Property Owner's Name _____ TEL. NO. _____

Property Owner's Address _____