

**TOWN OF EAST HARTFORD – DEPARTMENT OF INSPECTIONS & PERMITS**  
**APPLICATION FOR PLUMBING, HEATING, AIR CONDITIONING,**  
**REFRIGERATION AND SPRINKLER PERMIT**

CHECK ONE:  A/C or REFRIG.  SPRINKLER or FIRE SUP.  PLUMBING or PROCESS PIPING  HEATING or VENT/EXHAUST

**LOCATION OF JOB:**  
\_\_\_\_\_  
Street # Street Name  
\_\_\_\_\_  
Apt # Floor # Lot/Map #

- 1. PROPERTY OWNER: \_\_\_\_\_
- 2. ADDRESS: \_\_\_\_\_
- 3. PHONE # \_\_\_\_\_ CELL # \_\_\_\_\_ EMAIL \_\_\_\_\_
- 4. APPLICANT: \_\_\_\_\_
- 5. COMPANY NAME: \_\_\_\_\_
- 6. ADDRESS: \_\_\_\_\_
- 7. PHONE # \_\_\_\_\_ CELL # \_\_\_\_\_ EMAIL \_\_\_\_\_
- 8. LICENSE # \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_
- 9. NAMES OF SUBCONTRACTORS AND THEIR TRADES: \_\_\_\_\_
- 10. IS THIS A CONTRACT COST? [ ] YES [ ] NO
- 11. BUILDING TYPE : [ ] Residential [ ] Commercial
- 12. SPECIFY CODE: [ ] IBC [ ] IRC (1- & 2-family only)
- 13. VALUE: \$ \_\_\_\_\_ FEE ENCLOSED: \$ \_\_\_\_\_

Fee Residential	Fee Commercial	Estimated Cost	
\$30.00	\$70.00 (\$20.00 Fire Marshal/\$30.00 Bldg. and \$20.00 Certificate of Approval)	\$ .00 - \$1,000	
\$15.00	\$35.00 (each additional \$1,000 or fraction thereof \$15.00 Fire Marshal/\$20.00 Building)		
(All fees include State Education fee of \$0.26/\$1,000 valuation)			

**IMPORTANT!** AFTER COMPLETING ALL PAGES OF APPLICATION, SIGN BELOW, AND MAKE CHECK PAYABLE TO **TOWN OF EAST HARTFORD**, COVERING PROPER AMOUNT OF FEE. (SEE FEE SCHEDULE) BRING PAYMENT, APPLICATION AND PLANS TO: **TOWN OF EAST HARTFORD, DEPARTMENT OF INSPECTIONS AND PERMITS, 740 MAIN STREET, EAST HARTFORD, CONNECTICUT 06108.**

ALL WORK COVERED BY THIS APPLICATION HAS BEEN AUTHORIZED BY THE OWNER OR AGENT OF THIS PROPERTY AND WILL BE DONE IN STRICT ACCORDANCE WITH THE BUILDING CODE.

**\*AS APPLICANT/AGENT I HEREBY CERTIFY, UNDER PENALTY OF LAW FOR FALSE STATEMENT, THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER IN FEE [NOT TENANT] AND THAT I AM AUTHORIZED TO MAKE THIS APPLICATION.**

\_\_\_\_\_  
OWNER OF PROPERTY/\* AGENT (SIGNATURE)      DATE      \*  
\_\_\_\_\_  
APPLICANT/CONTRACTOR (SIGNATURE)      DATE

**AIR CONDITIONING OR HEATING**

**AIR CONDITIONING:**

**HEATING**

DESCRIPTION OF EQUIPMENT

TYPE OF INSTALLATION

OIL BURNER

GAS BURNER

PACKAGE UNIT

SPLIT SYSTEM

OTHER

FURNACE MAKE AND #

TYPE OF INSTALLATION

TYPE OF REFRIGERANT

FILL/VENT SIZE

BTU SQ FT NET

REPLACEMENT

TYPE OF CONTROL SYSTEM

CONVERSION

BASEBOARD SIZE

MANUFACTURERS CATALOG DATA, RATING, ETC. YES OR NO

HEAT LOSS CALCULATION

**HEAT LOSS and/or HEAT GAIN SCHEDULE TO BE INCLUDED FOR ALL JOBS**  
**SYSTEM GUARANTEED TO HEAT ALL ROOMS TO 68° IN ZERO WEATHER, STEAM 1-3 LBS.,**  
**HOT WATER (GRAVITY 140) (CIRCULATED 180); WARM AIR (GRAVITY 250) (FORCED CIRCULATION 200)**  
**INCLUDE DOMESTIC HOT WATER DEMAND**

**PLUMBING**

KIND OF INSTALLATION    SIZE OF MAIN DRAIN    #BATH TUBS  
#LAVATORIES    # SINKS    # WASH TUBS    # TOILETS    STYLE

# FLOOR    # CATCH  
DRAINS    BASINS

TOILETS VENTILATED    DUCT SIZE

**SPRINKLER**

SPRINKLER    FIRE SUPPRESSION    TYPE OF SYSTEM

CONTRACTOR'S WAIVER \_\_\_\_\_ WORKER'S COMP \_\_\_\_\_ HOME OWNER'S WAIVER \_\_\_\_\_

**NOTE:** HOME OWNER ASSUMES FULL RESPONSIBILITY FOR PERMIT, INSPECTION & WORK PERFORMED.

***DEPARTMENT USE ONLY***

**DEPARTMENT DECISION** – APPLICATION IS HEREBY:

BUILDING DEPARTMENT:     **APPROVED**     **DISAPPROVED**

DATE

CHIEF INSPECTOR