

MECHANICAL PERMIT

TOWN OF UNION

BLDG. DEPT. USE

DATE _____
 ESTIMATED COST \$ _____
 CONTRACTOR'S LICENSE NO. * _____
 JOB LOCATION _____

FEE \$ _____
PERMIT # H - _____
VERIFIED BY* _____

OWNER _____

KIND OF BUILDING _____ USED AS _____

NEW <input type="checkbox"/>	ADDITION <input type="checkbox"/>
ALTERATION <input type="checkbox"/>	REPAIR <input type="checkbox"/>

OIL <input type="checkbox"/>	GAS <input type="checkbox"/>
LPG <input type="checkbox"/>	ELECT. <input type="checkbox"/>

TYPE OF EQUIPMENT	NUMBER	TYPE OF EQUIPMENT	NUMBER
Air Cond. Units-H.P. Ea.		Clothes Dryer	
Refrigeration Units-H.P. Ea.		Ventilation Fan	
Boilers-B.T.U.		Range Hood	
Forced Air Systems-B.T.U. M Ea.		Air Handling C.F.M.	
Gravity Systems-B.T.U. M Ea.		Incinerator	
Floor Furnaces-B.T.U. M		Gas Piping	
Wall Heaters-B.T.U. M		Range COM. DOM.	
Unit Heaters -B.T.U. M		Zones	
Conversion Burner			

PLEASE DESCRIBE SCOPE OF WORK:

CONTRACTOR'S NAME _____ TELEPHONE NO. _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

APPLICANT CERTIFIES THAT ALL INFORMATION GIVEN IS CORRECT
 AND THAT ALL WORK FOR WHICH THIS PERMIT ISSUED WILL BE
 COMPLETED IN ACCORDANCE WITH ALL APPLICABLE CODES.

THIS PERMIT EXPIRES ONE YEAR FROM DATE OF ISSUE.

 Signature of Contractor

 Signature of Building Official - Date