



Department Approvals

MECHANICAL PERMITS

▶▶▶ PLEASE HAVE COMPLETED BEFORE SUBMITTING PERMIT

Owner's Name: _____ Date: _____

Applicant's Name: _____

Property Address: _____

HVAC PLUMBING ELECTRICAL FUEL / GAS OTHER _____

Description of Work :

**** PLEASE SEE EACH DEPARTMENT BEFORE RECEIVING A MECHANICAL PERMIT :**

Assessor's Office - Please See First

List #: _____

Map / Lot #: _____

Property Location: _____ Owner of Record: _____

*Print : Department Employee Name Signing Below : _____

1. Assessor's Dept. Signature: _____ Date: _____

Tax Collector's Dept. - Confirmation of **NO** delinquent taxes due on the above property -

TAXES DUE TAXES CURRENT

*Print : Department Employee Name Signing Below : _____

2. Tax Collector Signature: _____ Date: _____

Fire Marshal's Office - For Commercial and Multi-family **ONLY**

*Print : Department Employee Name Signing Below : _____

3. Fire Marshal Dept. Signature: _____ Date: _____

Building Dept. - Compliance per Plans and Review per the CT State Building Code

*Print : Building Official Name: _____ James Baldwin

4. Building Official Signature: _____ Date: _____