



Department Approvals MECHANICAL PERMITS

▶▶▶ PLEASE HAVE COMPLETED BEFORE SUBMITTING PERMIT

Owner's Name: _____ Date: _____

Applicant's Name: _____

Property Address: _____

HVAC PLUMBING ELECTRICAL BUILDING _____

➔ **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: _____

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: _____

2. ➔ Tax Collector Signature: _____ Date: _____

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

*Print : Department Employee Name: _____

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: _____