

DEPARTMENT DECISION

APPLICATION IS HEREBY:

APPROVED DISAPPROVED

DATE _____ CHIEF INSPECTOR _____

Application for

5 TOWNE Permit

TOWN OF

SUFFIELD, CONN.

PERMIT NO.

APPLICATIONS MUST BE PRINTED OR TYPED. BEGIN WITH NUMBER ONE BELOW

1. LOCATION OF JOB

NO. _____ STREET _____

FLOOR _____ Lot # _____ APT. NO. _____

Owner's
Phone # _____

Applicant's _____
LICENSE # _____
License Type _____
Exp. date of _____
License _____
Applicant's phone # _____

2. OWNER _____

3. ADDRESS _____

4. APPLICANT _____ ZIP CODE _____

5. ADDRESS _____

6. ESTIMATED COST \$ _____ ZIP CODE _____

7. IS THIS A CONTRACT COST? YES NO

8. FEE ENCLOSED \$ _____

9. TYPE OF BUILDING: RESIDENTIAL COMMERCIAL

10. TYPE OF JOB: ORIGINAL INSTALLATION ALTERATION ADDITION

ACTUAL COST \$ _____ FEE \$ _____
ESTIMATED COST \$ _____ FEE \$ _____
FILE COMP. BY _____ BALANCE \$ _____

APPLICATION FOR HEATING PERMIT (Continued from Reverse Side)

11. LOCATION OF JOB _____
NO. STREET FLOOR APT. NO.

14. DESCRIPTION OF EQUIPMENT: _____

15. MANUFACTURER'S CATALOG DATA, RATING, ETC. _____

16. DESCRIPTION OF WORK TO BE DONE: _____

Where is stove located in house? _____

17. ELECTRICAL WORK BY: _____
NAME JOBS; ADDRESS

18. SUBCONTRACTORS AND THEIR TRADES _____

IMPORTANT: After completing items above, sign below, and make check payable to Town of Suffield covering proper amount of fee.

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.

.....
SIGNATURE OF APPLICANT

.....
DATE