

SECOG APPLICATION FOR MECHANICAL PERMIT, PAGE 1 OF 3



HOUSE/BLDG #: _____
Unit #: _____ STREET: _____
Project name or Tenant _____
Property Owner's Name: _____
Property Owner's Mailing Address: _____
Property Owner's Phone _____ Email _____

Mechanical Contracting Company: _____
Licensed Tradesperson: _____
Lic. # _____
Contractor's Address _____
Contractor's Phone _____ Email _____

Registered P.E. (where required) _____
Registration # _____
Address _____
Engineer's Phone _____

The undersigned owner or authorized agent of the owner applies for a mechanical permit in accordance with the laws and ordinances of the Municipality, the Connecticut General Statutes, the CT State Building Code, and the CT State Fire Safety Code as they may apply, and intends to comply with same. Permits are issued to the owner in fee, and compliance with all regulations is the responsibility of the owner in fee of the subject parcel.

Check one:

A.) *I hereby swear that : I am the Owner In Fee of the subject parcel _____; or,*

B.) this application is authorized by the Owner In Fee and that said applicant is authorized by the Owner In Fee to make said application: _____ .

Applicant Signature: _____
(notary not required if Property Owner is signing)

Personally Appeared (print applicant name) _____
Authorized agent for: (Print property owner's name) _____ Owner,
who made oath that the statements herein were true and correct before me this _____ day of _____ 20____
Notary Public _____ My Commission Expires: _____

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Description of building:

Occupancy Class: 1 or 2 fam or townhouse ___ Multi-Fam: ___ Business: ___ Mercantile: ___ Assembly: ___
Institutional: ___ Educational: ___ Utility: ___
Description of use:
Construction class of building: Type IA ___ IB ___ IIA ___ IIB ___ IIIA ___ IIIB ___ IV ___ VA ___ VB ___
Description

Proposed project (check all that apply):

Heating: Furnace ___ Boiler ___ Heat Pump ___ Other ___ Gas, electric, or oil? ___ Category I, II, III, or IV? ___
Describe chimney
Heating BTU
Make and Model #
Modulating unit?
Includes domestic hot water production?
Describe any included gas piping work:
Fuel tanks and piping: ___ Oil tank size: ___ Propane tank size:
Where located?
Existing duct or new? Existing radiation or new?
(If new, show floor plan with heat loss and distribution calculations)

Cooling: "A" Coil on furnace ___ Separate air handler ___ RTU Package unit ___ Split: ___ Mini Split ___
Modulating?
Cooling BTU
Make and Model #
Modulating unit?
Existing duct or new? (If new, show floor plan with heat gain and distribution calculations)
Mini Split ___ PTAC ___

Refrigeration: Display cases
Walk-in ___ Remote or self contained ___ Make and model #

Exhaust: General ___ Bath ___ Residential Kitchen ___ Commercial Kitchen type I ___ type II ___
Make up air ___ Hazardous ___ ERV/HRV
Other

Describe project:

Estimated cost of project: \$ Permit fee \$ (\$20.00 Per Thousand.)

List of attached drawing numbers and their dates:

Document check list:

- Engineering plans and specifications (where required)
Manual J heat loss/gain calculations (residential uses)
Manual S equipment Sizing calculations (residential uses)
Manual N/ASHRAE 183 heat loss/gain calculations (non-residential residential uses)
IMC Ventilation calculations (commercial)
Letter of permission from licensed contractor to use license/registration for this project (commercial)
Energy code compliance documents
Contractor license (as applicable)
Distribution drawings for new
Ventilation calculations (IRC,
Manufacturer's specification
Duct smoke detector information
Proof of Contractor's workers compensation coverage, or appropriate DOL alternate document (7a, 7b, or 7c form)
Approved submittal package (commercial, thumb drive acceptable)
Refer to www.acca.org for additional information on Manual J, S, D, or N, including lists of pre-approved software brands

Agency Approvals (when required)

____ Fire Marshal, Name: _____
Signature: _____ Date: _____

____ Health Dept., Name: _____
Signature: _____ Date: _____

(All permits issued for work in a Health Dept. regulated facility such as food service or hair salons and like establishments must be approved by the Uncas Health District)

FOR OFFICE USE ONLY:

DESCRIPTION OF APPROVED WORK:

____ Separate Electrical Permit required ____ Separate Building Permit Required
____ Separate Plumbing Permit required

Estimated value of work: \$ _____ Fee: \$ _____ (\$20.00 per Thousand) Total \$ _____
App. Date: _____

Building Official Approval, Name: _____
Signature: _____ Date: _____

This application for a mechanical permit is governed by the current applicable CT State Statutes, CT State Building and Fire Codes, as amended, and applicable ordinances enacted by the Municipality.

MUNICIPAL ORDINANCE Taxes Due

No Permit shall be approved by the Building Department if it is determined by the Tax Collector that there are delinquent taxes, or sewer use charges against the property for which an application is made, unless the property owner has entered into a payment program approved by the Town Tax Collector to pay-off the delinquent taxes, liens, or sewer use charges, which may be due.

CT State Building Code: (Emergency orders may extend these time periods)
States in part and material relevance:

Section 105.3.1 ACTION ON APPLICATION reads in part: "The Building Official shall examine or cause to be examined application for permits and amendments thereto within 30 days after filing and either issue or deny a permit within such 30 day period. If the application or construction documents do not conform to the requirements of this code and pertinent laws, the Building Official shall reject such application in writing stating the reasons therefore."

Section 105.3.1.1 ZONING APPROVAL reads in part: "No Building Permit shall be issued in whole or in part for a building use or structure subject to the zoning regulations of the municipality without certification in writing by the official charged with enforcement of such regulations that such building, use or structure is in conformity with such regulations or is a valid non-conforming use under such regulations."

Section 105.3.1.2 FIRE MARSHAL APPROVAL reads in part: "No Building permit for a building structure or use subject to the requirements of the CT State Fire Code, [as amended], shall be issued in whole or in part without certification in writing from the local Fire Marshal that the construction documents for such building, structure, or use are in substantial compliance with the requirements of the CT State Fire Code [as amended]."