



TOWN OF WESTPORT MECHANICAL PERMIT APPLICATION

SELECT WORK TYPE

PLUMBING GAS PIPING FUEL TANK SPRINKLER
HEATING AIR CONDITIONING HVAC

This Section To Be Completely Filled Out By Applicant

Address of Work:		Building Permit No.:	
Owners Name:			
Address:	City/Town:	State:	Zip:
Phone (home & day):			
Lessee information (if applicable):			

Contractor:			
License Holder:			
Address:	City/Town:	State:	Zip:
Phone (office & cell):		E-mail:	
License Type:	Registration No.:	Expiration Date:	

Work type: Residential Commercial (Requires FD Administration Fee)

Work Description:

Estimated Cost of Construction: \$ _____	CT Education Tax: \$ _____
Permit Fee: \$ _____	FD Administration Fee: \$ _____
Total: \$ _____	

NOTICE:
LOCATION OF AIR CONDITIONING COMPRESSOR PADS MUST BE SHOWN ON A PLOT PLAN APPROVED BY THE PLANNING & ZONING DEPARTMENT

I, THE UNDERSIGNED, in accordance with the Building Code of the State of Connecticut, hereby applies for a permit to perform mechanical work as listed herein and agrees to conform strictly to the Building Code and to give notice when the work is ready for roughing and final inspections.

Print Name:	Signature:	Date:
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