



**TOWN OF WOODBRIDGE**  
**BUILDING DEPARTMENT**  
11 Meetinghouse Lane, Woodbridge, CT 06525  
203.389.3419 Phone 203.389.3480 Fax

**MECHANICAL PERMIT APPLICATION**

Please print following information

Date \_\_\_\_\_ Value \$ \_\_\_\_\_  
Location \_\_\_\_\_ Permit Fee \$ \_\_\_\_\_

Type of permit applied for ( please check all that apply)

Heating \_\_\_\_\_ Air Conditioning \_\_\_\_\_ Water Heater \_\_\_\_\_ Fuel Storage Tank \_\_\_\_\_

Other (specify) \_\_\_\_\_

The undersigned hereby applies to the Building Department of the Town of Woodbridge for a permit to perform the following described work in accordance with the following specifications and all applicable local and state ordinances and codes. **ALL APPLICATIONS FOR HEATING OR AIR CONDITIONING PERMITS FOR NEW BUILDINGS OR SUBSTANTIAL ADDITIONS OR ALTERNATIONS MUST BE ACCOMPANIED BY HEAT LOSS/GAIN CALCULATIONS**

Property Owner \_\_\_\_\_ Cell Telephone # (\_\_\_\_) \_\_\_\_\_

Owner's Address \_\_\_\_\_

Type of Building \_\_\_\_\_ New or Existing \_\_\_\_\_

Type of Heat \_\_\_\_\_ Fuel \_\_\_\_\_

Boiler or Furnace Size \_\_\_\_\_ Brand Name/Model \_\_\_\_\_ Chimney Type \_\_\_\_\_

Location of Fuel Tank \_\_\_\_\_ Size \_\_\_\_\_ Air Conditioner Size (ton) \_\_\_\_\_

Accessories included \_\_\_\_\_

Contractor \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

License Holder's Name \_\_\_\_\_ Telephone \_\_\_\_\_

License Holder's Address \_\_\_\_\_

License Number \_\_\_\_\_ Class \_\_\_\_\_ Expiration \_\_\_\_\_

Remarks/Other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contractor's Signature \_\_\_\_\_ Date \_\_\_\_\_