



## MECHANICAL PERMIT APPLICATION

### Town of East Granby

9 Center Street East Granby, CT 06026  
Phone: (860) 653-3444 Fax: (860) 653-4017

Date: \_\_\_\_\_  
Job Location (No. and Street) \_\_\_\_\_  
Owner's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Owner's Address: (No. and Street) \_\_\_\_\_  
Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Applicant's Name: First: \_\_\_\_\_ Last: \_\_\_\_\_  
Applicant's Company Name: \_\_\_\_\_  
Applicant's Address: (No. and Street) \_\_\_\_\_  
Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Bus: Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
License Type: \_\_\_\_\_ License #: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Estimated Cost: \$ \_\_\_\_\_ Blanket: [ ] yes [ ] no Heat Loss provided: [ ] yes [ ] no

Check one: Heating \_\_\_\_\_ A/C \_\_\_\_\_ Both \_\_\_\_\_ Make of Boiler: \_\_\_\_\_

CFM: \_\_\_\_\_ Size of Boiler: \_\_\_\_\_

Description of Work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I hereby certify that I am the owner of the property which is subject of this application OR the authorized agent of the property owner; I agree to call at least 24 hrs. in advance for each inspection; I agree to uncover and expose any work which is covered or concealed without inspector's approval; I understand that when a permit is issued, it is a permit to proceed and grants no right to violate any code, ordinance, or statute, regardless of what may be shown or omitted on the submitted plans and specifications of any agreement with the official. All information contained within is true and accurate to the best of my knowledge and belief.*

Signature: \_\_\_\_\_

### FOR OFFICE USE ONLY

Fee Paid: \$ \_\_\_\_\_ [ ] Cash [ ] Check Receipt # \_\_\_\_\_ Permit #: \_\_\_\_\_

Building Official \_\_\_\_\_ Date \_\_\_\_\_