

DEPARTMENT DECISION

APPLICATION IS HEREBY:

APPROVED

DISAPPROVED

DATE _____

CHIEF INSPECTOR _____

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

Application for Heating 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. _____

2. OWNER _____

3. ADDRESS _____

ZIP CODE _____

4. APPLICANT _____

5. ADDRESS _____

ZIP CODE _____

6. ESTIMATED COST \$ _____

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 REPAIR

ACTUAL COST \$ _____ FEE \$ _____

ESTIMATED COST \$ _____ FEE \$ _____

FILE COMP. BY _____ BALANCE \$ _____

