



## APPLICATION FOR HEATING- AIR CONDITIONING PERMIT

OFFICE OF THE  
BUILDING OFFICIAL  
Town Of Stonington  
152 Elm Street  
Stonington, Connecticut 06378  
(860) 535-5075 • Fax (860) 535 - 1023

Permit # \_\_\_\_\_

Estimated Cost: \_\_\_\_\_ Fee: \_\_\_\_\_

Location of Property: \_\_\_\_\_

Owner of Property: \_\_\_\_\_

Owner's address if different from location: \_\_\_\_\_

Applicant: \_\_\_\_\_ License # \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

New Building \_\_\_\_\_ Intended Use of Building \_\_\_\_\_ Existing Building \_\_\_\_\_

**Type of Installation:**

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Hot Water        | <input type="checkbox"/> Sprinkler   |
| <input type="checkbox"/> Steam            | <input type="checkbox"/> Ventilation |
| <input type="checkbox"/> Hot Air          | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Air Conditioning |                                      |

Existing chimney is: \_\_\_\_\_ lined/type of lining: \_\_\_\_\_

Existing chimney is not lined: \_\_\_\_\_ Type of lining to be installed: \_\_\_\_\_

DESCRIPTION OF PROPOSED INSTALLATION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**All work covered by this application has been authorized by the owner or agent of this property and will be done according to State Regulations.**

Date: \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

Approved : \_\_\_\_\_ Date \_\_\_\_\_  
Building Official

Property is located in a flood zone: Yes: \_\_\_\_\_ No: \_\_\_\_\_