

CITY OF WEST HAVEN APPLICATION FOR MECHANICAL PERMIT, PAGE 1 OF 3



HOUSE/BLDG #: _____ Unit #: _____ STREET: _____
Project name or Tenant _____
Property Owner's Name: _____
Property Owner's Mailing Address: _____
Property Owner's Phone _____ Email _____

Mechanical Contracting Company: _____
Licensed Tradesperson: _____ Lic. # _____
Contractor's Address _____
Contractor's Phone _____ Email _____

Registered P.E. (where required) _____ Registration # _____
Address _____
Engineer's Phone _____ Email _____

The undersigned owner or authorized agent of the owner applies for a mechanical permit in accordance with the laws and ordinances of the City of West Haven CT, the Connecticut General Statutes, the CT State Building Code, and the CT State Fire Safety Code as they may apply, and intends to comply with same. Permits are issued to the owner in fee, and compliance with all regulations is the responsibility of the owner in fee of the subject parcel.

Check one:

- A.) I hereby swear that : I am the Owner In Fee of the subject parcel _____; or,
- B.) this application is authorized by the Owner In Fee and that said applicant is authorized by the Owner In Fee to make said application: _____ .

Applicant Signature: _____ (notary not required if Property Owner is signing)

Personally Appeared (print applicant name) _____
Authorized agent for: (Print property owner's name) _____ Owner,
who made oath that the statements herein were true and correct before me this _____ day of _____ 20_____
Notary Public _____ My Commission Expires: _____

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Description of building:

Occupancy Class: 1 or 2 fam or townhouse ____ Multi-Fam: ____ Business: ____ Mercantile: ____ Assembly: ____ Institutional: ____ Educational: ____ Utility: ____

Description of use: _____

Construction class of building: Type IA ____ IB ____ IIA ____ IIB ____ IIIA ____ IIIB ____ IV ____ VA ____ VB ____ Description _____

Proposed project (check all that apply):

Heating: Furnace ____ Boiler ____ Heat Pump ____ Other ____ Gas, electric, or oil? ____ Category I, II, III, or IV? ____ Describe chimney _____

Heating BTU _____ Make and Model # _____ Modulating unit? ____

Includes domestic hot water production? _____

Describe any included gas piping work: _____

Fuel tanks and piping: ____ Oil tank size: _____ Propane tank size: _____ Where located? _____

Existing duct or new? _____ Existing radiation or new? _____ (If new, show floor plan with heat loss and distribution calculations)

Cooling: "A" Coil on furnace ____ Separate air handler ____ RTU Package unit ____ Split: ____ Mini Split ____ Modulating? _____

Cooling BTU _____ Make and Model # _____ Modulating unit? ____

Existing duct or new? _____ (If new, show floor plan with heat gain and distribution calculations) Mini Split ____ PTAC ____

Refrigeration: Display cases _____ Walk-in ____ Remote or self contained ____ Make and model # _____

Exhaust: General ____ Bath ____ Residential Kitchen ____ Commercial Kitchen type I ____ type II ____ Make up air ____ Hazardous ____ ERV/HRV _____

Other _____

Describe project:

Estimated cost of project: \$ _____ Permit fee \$ _____ (See Fee Schedule)

List of attached drawing numbers and their dates:

Document check list:

- | | |
|--|--|
| <input type="checkbox"/> Engineering plans and specifications (where required) | <input type="checkbox"/> Energy code compliance documents (Res-Check, Com-Check, or equivalent) |
| <input type="checkbox"/> Manual J heat loss/gain calculations (residential uses) | <input type="checkbox"/> Contractor license (as applicable) |
| <input type="checkbox"/> Manual S equipment Sizing calculations (residential uses) | <input type="checkbox"/> Distribution drawings for new duct work or radiation installations (manual D) |
| <input type="checkbox"/> Manual N/ASHRAE 183 heat loss/gain calculations (non-residential) | <input type="checkbox"/> Ventilation calculations (IRC, residential uses) |
| <input type="checkbox"/> IMC Ventilation calculations (commercial) | <input type="checkbox"/> Manufacturer's specification sheets on all proposed equipment |
| <input type="checkbox"/> Letter of permission from licensed contractor to use license/registration for this project
<i>(required where applicant is not the named licensee)</i> | <input type="checkbox"/> Duct smoke detector information (commercial) |
| <input type="checkbox"/> Proof of Contractor's workers compensation coverage, or, appropriate DOL alternative document | <input type="checkbox"/> Approved submittal package (commercial, thumb drive acceptable) |

Refer to www.acca.org for additional information on Manual J, S, D, or N, including lists of pre-approved software brands

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For any project other than 1 or 2 family or townhouses, please also make application simultaneously to the Fire Marshal.
Application form here: <https://www.cityofwesthaven.com/DocumentCenter/View/5696/Fire-Plan-Review-Application-PDF>

What fire district are you in? Go to: <https://westhavengis.com>. Search for your address, select "Zoom to GIS", go to "Map Layers" and select "Fire Districts".

Allingtown Fire District:	20 Admiral Street, West Haven, CT 06516	203-933-2541	mesposito@cityofwesthavenfd.org
Center Fire District:	365 Elm Street, West Haven CT 06516	203-931-0031	rsicotte@westhavenfiredept.com
West Shore Fire District:	860 Ocean Avenue, West Haven, CT 06516	203-933-8420	kflood@westshorefd.com

Agency Approvals (when required)

___ Fire Marshal, Name: _____ Signature: _____ Date: _____

___ Health Dept., Name: _____ Signature: _____ Date: _____

(All permits issued for work in a Health Dept. regulated facility such as food service or hair salons and like establishments must be approved by the Health Department)

FOR OFFICE USE ONLY:

DESCRIPTION OF APPROVED WORK: _____

___ Separate Electrical Permit required ___ Separate Building Permit Required ___ Separate Plumbing Permit required

Estimated value of work: \$ _____ Fee: \$ _____ + _____ + Scan fees _____ = Total \$ _____ App. Date: _____

Building Official Approval, Name: _____ Signature: _____ Date: _____

This application for a mechanical permit is governed by the current applicable CT State Statutes, CT State Building and Fire Codes, as amended, and applicable ordinances enacted by the City of West Haven.

MUNICIPAL ORDINANCE 81-8-C Taxes Due

No Permit shall be approved by the West Haven Building Department if it is determined by the Building Official that there are delinquent taxes, or sewer use charges against the property for which an application is made, unless the property owner has entered into a payment program approved by the City Tax Collector to pay-off the delinquent taxes, liens, or sewer use charges, which may be due.

CT State Building Code: (Emergency orders may extend these time periods)
States in part and material relevance:

Section 105.3.1 ACTION ON APPLICATION reads in part: "The Building Official shall examine or cause to be examined application for permits and amendments thereto within 30 days after filing and either issue or deny a permit within such 30 day period. If the application or construction documents do not conform to the requirements of this code and pertinent laws, the Building Official shall reject such application in writing stating the reasons therefore."

Section 105.3.1.1 ZONING APPROVAL reads in part: "No Building Permit shall be issued in whole or in part for a building use or structure subject to the zoning regulations of the municipality without certification in writing by the official charged with enforcement of such regulations that such building, use or structure is in conformity with such regulations or is a valid non-conforming use under such regulations."

Section 105.3.1.2 FIRE MARSHAL APPROVAL reads in part: "No Building permit for a building structure or use subject to the requirements of the CT State Fire Code, [as amended], shall be issued in whole or in part without certification in writing from the local Fire Marshal that the construction documents for such building, structure, or use are in substantial compliance with the requirements of the CT State Fire Code [as amended]."