

M

WINOOSKI MECHANICAL PERMIT APPLICATION

27 West Allen Street Winooski Vt. 05404

phone: 655-6410 fax: 655-6414

DATE: _____ PROPERTY ADDRESS: _____

PROPERTY OWNER: _____ PHONE: _____

ADDRESS: _____

Check Appropriate Box

| | |
|--|---|
| <input type="checkbox"/> Chimney Liner | <input type="checkbox"/> Kitchen Remodel |
| <input type="checkbox"/> Ext. underground sewer or water replacement | <input type="checkbox"/> Bathroom Remodel |
| <input type="checkbox"/> Hydronic Heating System Repair / Expansion | <input type="checkbox"/> Hot Water Tank Replacement |
| <input type="checkbox"/> Hot Air Heating System Repair | <input type="checkbox"/> Boiler Replacement |
| <input type="checkbox"/> Radiant Floor Heat | <input type="checkbox"/> Furnace Replacement |
| <input type="checkbox"/> Space Heater | <input type="checkbox"/> Gas Conversion burner |

Other _____

Cost of Work: \$ _____ **Base Permit Fee \$50.00 plus a \$10.00 recording fee.**

CONTRACTOR: _____ PHONE: _____

ADDRESS: _____

CONTACT PERSON: _____ TRADE LICENSE#: _____

INDICATE NUMBER OF PLUMBING FIXTURES TO BE REPLACED:

| | | |
|------------------------|-------------------------|-----------------|
| Kitchen Sink | Water Closets / Urinal | Hot Air Furnace |
| Dishwasher | Lavatory / laundry Sink | Boiler |
| Tub / Anti-Scald Valve | Gas Stove / Appliance | Storage tank |

I certify that I am the owner (or agent representing the owner) of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make application as his/her authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application issued, I certify that the code official or code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to the permit.

Signature _____

Print Applicant Name (if other than property owner): _____

| For Official Use Only | |
|----------------------------------|---|
| Permit Fee: _____ | |
| Recording Fee: \$10.00 | Paid <input type="checkbox"/> |
| Other: _____ | Check # _____ <input type="checkbox"/> Cash |
| Total: _____ | |
| Approved by: _____ | Date: _____ |
| Brief Description of work _____ | |
| <input type="checkbox"/> 30 days | <input type="checkbox"/> 6 months |
| <input type="checkbox"/> 1 year | Inspection Instruction: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |

Complete Reverse Side

