TOWN OF GROTON

MECHANICAL PERMIT

(HEATING, AIR-CONDITIONING, DUCT WORK, GAS PIPING, ETC.)

Please Print

PERMIT NO._____ VALUE: $_____

FEES: MECHANICAL: $_____ STATE: $_____ TOTAL: $_____

DATE: _____

PROPERTY ADDRESS:_____

OWNER:_____ PHONE:_____

ADDRESS:_____

CONTRACTOR:_____ PHONE:_____

CONTRACTOR'S ADDRESS:_____

TYPE OF WORK:_____

DESCRIPTION OF WORK:_____

HAVE PLANS BEEN SUBMITTED? _____

CERTIFICATION: I hereby certify that: ☐ I am the owner of record of the named property or ☐ that the proposed work is authorized by the owner of record and/or I have been authorized to make this application as an authorized agent, and we agree to conform to all applicable laws, codes, regulations and ordinances. All information contained within is true and accurate to the best of my knowledge and belief.

Print Name in Ink	Company Name	Phone #

Signature (in INK) of Owner/Authorized Agent	Date	Lic. #

Building Official	**Completed Application Received**

This permit shall become invalid unless the work authorized by such permit is commenced within 180 days after its issuance. Refunds will be subject to the refund policy.