

Town of Wilton Site approval #:_____ MECHANICAL/ELECTRICAL PERMIT

SELECT WORK TYPE

APPLICATION

PLUMBING GAS OIL TANK SPRIN	KLER ELECTRICAL ALARM Must Register w/Tax Collector
☐ HEATING ☐ AIR CONDITIONING ☐ CHIMNEY	VOICE/DATA
This Section To Be Completely Filled Out By Applicant	
Address of Work:	Building Permit No.:
Owner's Name:	General Contractor:
Address if different:	Parcel #:
Phone: Email:	
Trade License Holder Name:	
Address: City/Town	: State: Zip:
Phone (office & cell): Ema	ail:
License Type: License No.:	Expiration Date:
For HVAC: Type of system:	Size/Mfg:
Plumbing: Fixtures: New: Replacement: Full Baths: 1s	
Type of work: Residential: Commercial: New Construction: Add/Alt: Oil Tank: Removal or Abandonment	
Description of work:	
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**NOTIC	
LOCATION APPROVALS FROM HEALTH, ZONING & WETLANDS FOR A/C UNITS, OUTSIDE GENERATORS, GAS TANKS, OIL TANKS, HOT TUBS ARE REQUIRED PRIOR ISSUANCE OF A MECHANICAL PERMIT.	
This Section To Be Filled Out For Any Electrical Work and Service Changes	
Service Size (New): Service Size Existing: C	RS # (required): NFPA 70 YEAR:
Fee Schedule: \$ per \$1,000.00 with a \$ minim plus per \$1,000.00 of est. cost	um Temporary Service Fee: \$
Estimated Cost of Work: \$ Permit Fee: \$	
BE ADVISED THAT THE STATE OF CONNECTICUT BUILDING CODE REQUIRES THAT SMOKE DETECTORS AND CARBON MONOXIDE DETECTORS ARE REQUIRED BEFORE A C/O IS ISSUED.**	
I, THE UNDERSIGNED, in accordance with the Building Code of the State of Connecticut, hereby applies for a permit and	
certify that I am the owner of record of the named property or that I am authorized by the owner of record and/or I am authorized to make this application as an agent to perform work as listed herein and agrees to conform strictly to	
the Building Code and to give notice when the work is ready for required inspections.	
Print Name: Signature:_	Date:
Owner/Agent/License Holder	