

PERMIT NO. \_\_\_\_\_  
 LICENSE NO. \_\_\_\_\_

**APPLICATION FOR HEATING PERMIT**  
 (Application must be typed or printed)

**TOWN OF CHESTER  
 CONNECTICUT**

LOCATION OF JOB (NO. & STREET)	MAP	LOT															
OWNER	ADDRESS (NO. STREET, TOWN, STATE, ZIP)																
HEATING CONTRACTOR	ADDRESS (NO. STREET, TOWN, STATE, ZIP)																
REMARKS																	
APPLICANT																	
ADDRESS (NO. STREET)																	
TOWN, STATE, ZIP																	
<b>TYPE OF INSTALLATION</b> <input type="checkbox"/> HOT WATER <input type="checkbox"/> STEAM <input type="checkbox"/> HOT AIR <input type="checkbox"/> AIR CONDITIONING <input type="checkbox"/> VENTILATION <input type="checkbox"/> INCINERATOR <input type="checkbox"/> SPRINKLER <input type="checkbox"/> _____	<b>TYPE OF WORK BEING DONE</b> <input type="checkbox"/> ORIG CONSTRUCTION <input type="checkbox"/> REPAIR <input type="checkbox"/> ALTERATION <input type="checkbox"/> DEMOLITION <input type="checkbox"/> ADDITION	<table style="width:100%;"> <tr> <td></td> <td style="text-align:center;">COST</td> <td style="text-align:center;">FEE</td> </tr> <tr> <td>ESTIMATED</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>ACTUAL</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>DIFFERENCE</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>ADDITIONAL</td> <td>_____</td> <td>_____</td> </tr> </table>		COST	FEE	ESTIMATED	_____	_____	ACTUAL	_____	_____	DIFFERENCE	_____	_____	ADDITIONAL	_____	_____
	COST	FEE															
ESTIMATED	_____	_____															
ACTUAL	_____	_____															
DIFFERENCE	_____	_____															
ADDITIONAL	_____	_____															
Fee to \$1,000 = \$15.00 \$10.00 each add. \$1,000 or part of STATE ED Fee: \$.22 per \$1,000 or part of																	
<b>CLASSIFICATION</b> USE GROUP _____ CONSTRUCTION TYPE _____ SPECIFIC USE _____																	

**All Permits Must Be Posted And Visible From The Street**

BOILER OR FURNACE	BURNER	TANK	PIPES
MAKE _____ INSP. _____	MAKE _____ INSP. _____	LOCATION _____	NO      SIZE
MODEL _____	MODEL _____	SIZE _____ gal.	MAIN _____
NET BTUH _____	GPH _____	FILL SIZE _____ in.	CIRCUITS _____
GPM DOMESTIC HOT WATER _____	CHAMBER SIZE _____	VENT. SIZE _____ in.	ZONE _____

**I.B.R. HEAT LOSS SCHEDULE**  
 Heat loss must be complete for all jobs. Work sheets may be attached.

1	COL. A			COL. B	COL. C	COL. D			COL. E			COL. F			ROOM TOTALS FROM LINE 12	RADIATION SELECTED	
	ROOM	H	L			W	H	L	W	H	L	W	H	L			W
2	ROOM DIMENSIONS, FT.			FACTOR	PAGE NO.												
3	LENGTH EXPOSED WALLS, FT.																
4	WINDOW AND OUTSIDE DOOR AREA																
5	WALL CONSTRUCTION																
6	TYPE OF GLASS			<del>X</del>													
7	CEILING CONSTRUCTION																
8	FLOOR CONSTRUCTION †																
9	COLD PARTITION CONSTRUCTION																
10	Infiltration	ONE WALL (with glass or exterior door)															
		TWO WALLS (with glass or exterior door)															
		THREE WALLS OR ENTRANCE HALL (" )															
11	TOTAL BTUH AT 70°F TEMP DIFFERENCE*			<del>X</del>													
12	TOTAL BTUH AT DESIGN TEMP. DIFFERENCE			<del>X</del>													

C \_\_\_\_\_  
 D \_\_\_\_\_  
 E \_\_\_\_\_  
 F \_\_\_\_\_  
 \_\_\_\_\_  
 TOTAL BTU OF BUILDING AT DESIGN TEMPERATURE DIFFERENCE  
 TOTAL RADIATION SELECTED

\* increase bathroom total 20%  
 † for concrete floor on ground or fill at grade level, use linear feet of exposed edge.

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. This permit shall lapse if work does not commence within 6 months.

APPROVED       DISAPPROVED

\_\_\_\_\_ Date      \_\_\_\_\_ Applicants Signature      \_\_\_\_\_ Date      \_\_\_\_\_ Building Official