

HEATING, VENTILATING, AIR CONDITIONING, REFRIGERATION APPLICATION

IMPORTANT — Complete ALL items. Mark boxes where applicable.

No.

LOCATION OF BUILDING	Street Address		Zone	Plat & Parcel
	Lot			
	Block	Subdivision		

TYPE AND COST OF INSTALLATION

<p>A. TYPE OF IMPROVEMENT</p> <p>1 <input type="checkbox"/> New building</p> <p>2 <input type="checkbox"/> Addition (If residential, enter number of new housing units added, if any, in Part D)</p> <p>3 <input type="checkbox"/> Repair, replacement or Alteration (See 2 above)</p>	<p>D. PROPOSED USE — For "Wrecking" most recent use.</p> <p>RESIDENTIAL</p> <p>01 <input type="checkbox"/> One family</p> <p>02 <input type="checkbox"/> Two family</p> <p>03 <input type="checkbox"/> Three family</p> <p>04 <input type="checkbox"/> Four family</p> <p>05 <input type="checkbox"/> Five or more family</p> <p>06 <input type="checkbox"/> Transient hotel, motel, or dormitory — Enter number of units</p> <p>07 <input type="checkbox"/> Other — Specify</p>
<p>B. OWNERSHIP</p> <p>1 <input type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.)</p> <p>2 <input type="checkbox"/> Public (Federal, State, or local government)</p>	<p>NON-RESIDENTIAL</p> <p>09 <input type="checkbox"/> Amusement, recreational</p> <p>10 <input type="checkbox"/> Church, other religious</p> <p>11 <input type="checkbox"/> Industrial</p> <p>12 <input type="checkbox"/> Parking garage</p> <p>13 <input type="checkbox"/> Service station, repair garage</p> <p>14 <input type="checkbox"/> Hospital, institutional</p> <p>15 <input type="checkbox"/> Office, bank, professional</p> <p>16 <input type="checkbox"/> Public utility</p> <p>17 <input type="checkbox"/> School, library, other educational</p> <p>18 <input type="checkbox"/> Stores, mercantile</p> <p>19 <input type="checkbox"/> Other — Specify</p>
<p>Owner or Agent's Name</p>	

<p>C. PRINCIPAL TYPE OF HEATING FUEL</p> <p>1 <input type="checkbox"/> Gas</p> <p>2 <input type="checkbox"/> Oil</p> <p>3 <input type="checkbox"/> Electricity</p> <p>4 <input type="checkbox"/> Coal</p> <p>4 <input type="checkbox"/> Other — Specify</p>	<p>Describe in detail the scope of Heating, Ventilating, Air Conditioning & Refrigeration Work</p> <hr/> <hr/>
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CHECK TYPE OF SYSTEM	WARM AIR PLANTS GRAVITY <input type="checkbox"/> MECHANICAL <input type="checkbox"/>		AIR CONDITIONING <input type="checkbox"/> PARTIAL COOLING <input type="checkbox"/> VENT. SYSTEM <input type="checkbox"/>	HEATING OR POWER PLANT STEAM <input type="checkbox"/> HOT WATER <input type="checkbox"/>		SPECIAL DEVICES (SPECIFY USE)	OTHER DEVICES
		SUMMER <input type="checkbox"/>	WINTER <input type="checkbox"/>	ALL YEAR <input type="checkbox"/>	BOILER	RADIATION	
MAKE							
SIZE NO.							
CONN. LOAD							
FUEL							
FLUE DIA.							
SUPPLY OPNS.							
RETURN OPNS.							
CAPACITY	INPUT						
	CFM						
	TONS						
	EDR						
	BTU						
HP							
EQUIP. COOLED			AIR <input type="checkbox"/>	LIQUID <input type="checkbox"/>			

<p style="text-align: center;">ESTIMATED VALUATION</p> <p>Fee.....</p> <p>Plan Checking Fee.....</p> <p>State Surcharge.....</p> <p>TOTAL FEE.....</p>	<p>In consideration of the issue and delivery to me by the Building Inspector of the Town of Thomson of a permit to install the Heating, Ventilating, Air Conditioning, and/or Refrigeration work indicated above, I agree to do said proposed work in strict accordance with all Town Ordinances and applicable State Regulations relative to same, and, that when the work is ready, I shall notify the Department of Building Inspection, requesting that an examination be made of said work, as required by Town Ordinance and State Regulation.</p> <p>Firm:</p> <p>Address: Phone No.</p> <p>Date: By:</p>
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