PERMIT NO._____
LICENSE NO._____

APPLICATION FOR HEATING PERMIT

(Application must be typed or printed)

TOWN OF LYME
CONNECTICUT

LOCATION OF JOB (NO. & STREET)		MAP	LOT
OWNER	ADDRESS (NO. STREET, TOWN, STATE, ZIP)		PHONE
HEATING CONTRACTOR	ADDRESS (NO. STREET, TOWN, STATE, ZIP)		PHONE

REMARKS

APPLICANT

ADDRESS (NO. STREET)

TOWN, STATE, ZIP

Town Fee: $15.00 for 1st $1,000.00
$10.00 for each additional
$1,000 or part

State Fee: $0.26 per $1,000.00

TYPE OF INSTALLATION

- ☐ HOT WATER
- ☐ STEAM
- ☐ HOT AIR
- ☐ AIR CONDITIONING
- ☐ VENTILATION
- ☐ INCINERATOR
- ☐ SPRINKLER
- ☐ _____

TYPE OF WORK BEING DONE

- ☐ ORIG CONSTRUCTION
- ☐ REPAIR
- ☐ ALTERATION
- ☐ DEMOLITION
- ☐ ADDITION
- _____

CLASSIFICATION

USE GROUP _____
CONSTRUCTION TYPE _____
SPECIFIC USE _____

	COST	FEE
ESTIMATED	_____	_____
ACTUAL	_____	_____
DIFFERENCE	_____	
ADDITIONAL		_____

All Permits Must Be Posted And Visible From The Street

BOILER OR FURNACE	BURNER	TANK	PIPES
MAKE_____ ____ INSP.	MAKE_____ ____ INSP.	LOCATION_____ ____ INSP.	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.

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

	ROOM TOTALS FROM LINE 12	RADIATION SELECTED
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.

_____ Date

_____ Applicants Signature

☐ APPROVED ☐ DISAPPROVED

_____ Date

_____ Building Official