



TOWN OF VERNON

55 WEST MAIN STREET, VERNON, CT 06066

Tel: (860) 870-3633

Fax: (860) 870-3589

OFFICE OF THE
BUILDING DEPARTMENT

HVAC - Please Complete the Following:

Address Where Work Will Be Performed:

_____, Vernon, CT 06066

General Information:

____ One Family ____ Two-Family ____ Three-Family or More ____ Commercial

Equipment Make _____ Model _____ Capacity _____

Fuel Type (check one) ____ Natural Gas ____ Oil ____ Propane ____ Other (_____)

**If Gas Piping Is Being Installed:* Size _____ Type _____

Utilities (check all that apply) ____ Well ____ Public Water ____ Septic ____ Sewer

Will There Be Any Excavation (i.e. foundation, trenching, etc.)? ____ Yes ____ No

**A Heat Loss and Heat Gain (cooling) calculation must accompany all NEW equipment installations*

Type of Work:

____ New Construction

____ Addition

____ Renovation

____ Repair

____ Other _____

I Hereby Certify That (check one):

____ I am the Owner of Record of the named property

____ I am acting as the authorized agent of the Owner of Record who approved all work to be performed

Applicant _____ Signature _____ Date _____
(Printed Name)