



**CITY OF BRIDGEPORT, BUILDING DEPARTMENT
APPLICATION FOR MECHANICAL WORK PERMIT**

Building
Permit # _____

HOLD HARMLESS/RELEASE

City of Bridgeport and Bridgeport Building Department requires that permittee shall indemnify and hold-harmless "City/Department", its employees and agents and release both from any and all claims on actions brought by third parties for injuries or damages of property in connection with granting of this permit and work to be performed there under. Permittee may be required to insure against such claims in amounts appropriate to meet such obligation. City/ Department shall have the right to review and specify such amount and scope Of coverage as it may deem appropriate for activities conducted under this permit.

**I HEREBY MAKE APPLICATION FOR A PERMIT FOR MECHANICAL WORK
IN A BUILDING AS HEREINAFTER DESCRIBED:**

Address of Work		Nearest Cross St
Owner		Owner's Phone
Owner Address	City/Town	State: Zip:

APPLICATION FOR A WET HEAT PERMIT

Permit No.	Date	<input type="checkbox"/> HOT WATER or STEAM <input type="checkbox"/>	
degrees F inside when	degrees F outside	degrees F boiler water	psi
Unit: Make	Model	Fuel Used	
Gross Output	B.T.U./hr.	Mfgrs. Chimney Specs	x Height
Total Heat Loss of Building	B.T.U.	No. Of Zones	
Description of Heating units (Radiation)			
Type	Make	Model	
Total Quantity Installed	Total Output		BTU
Type of System			
Estimate of Value \$		Contractor:	
Receipt No.		Signature	
Fee		Business Address	
Inspector	Date	Conn. State License No.	Phone

APPLICATION FOR WARM AIR HEAT PERMIT OR VENTILATION SYSTEM

Permit No.	Date	<input type="checkbox"/> WARM AIR SYSTEM or SPACE HEATER <input type="checkbox"/> HEAT PUMPS	
degrees F inside	when degrees F outside		
Make	Model	Fuel Used	
Net Load Rating of Furnace	B.T.U./hr.	Mfgrs. Chimney Specs	x Height
Total Heat Loss of Building	B.T.U.	No. Of Zones	
Fan Rating	C.F.M. at 100 degrees F Rise		
Make and Model of Mech. Draft Equip. (if used)	Total Heat Loss of Building		BTU
Estimate of Value \$		Contractor:	
Receipt No.		Signature	
Fee		Business Address	
Inspector	Date	Conn. State License No.	Phone

APPLICATION FOR AIR-CONDITIONING OR REFRIGERATION PERMIT

Permit No.	Date		
Design Conditions: Inside	Degrees F.	Outside	degrees F.D.B. Outside degrees F.W.B.
Area to be Conditioned (sq. ft.)	Total Refrigeration Required (BTU/hr)		Refrigerant
Make	Model		
No. Cooling Machines	Type	Total Capacity	
Type of Condensing <input type="checkbox"/> Evap. <input type="checkbox"/> Air <input type="checkbox"/> City Water <input type="checkbox"/> Cooling Tower <input type="checkbox"/> Other (Describe)			
Total Fan Capacity of All Systems (CFM)		Fresh Air (CFM)	Heat Pump <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Heating units (Radiation)			
Type	Make	Model	
Estimate of Value \$		Contractor:	
Receipt No.		Signature	
Fee		Business Address	
Inspector	Date	Conn. State License No.	Phone