Town of Newtown Building Department Application for Propane Permit

		Please Fill Out Completely						
Address of Jobsite Email Address:								
Owner (First and Last Name)							
Address		Phone Number						
Town/City:			State	State		Zip		
Contractor Company Name								
Print Name of License Hold	e r							
Address Phone Num						er		
Town/City			State		Zip			
Class	Number			Expiration Date				
	!				1			
Type of Work (Circle One)								
V								
New Construction Addition Renovations			Above gro	Above ground Pool Inground F		,ool	Basement	
Other								
Propane - A pressure test is required for all piping above ground or underground								
Underground or above grou			Size of tanks in gallons					
Location on property		How many appliances served by ta			oy tank(s)			
Distance to intake of direct v		Distance to	ce to A/C Compressor					
Type of pipe being used. CSST, steel, copper, other								
Distance to source of ignition	n such as a v	window air condi	tioer etc.					
Distance to closet window, crawl space opening or exhaust fan								
Description of Work								
boompain of work								
W								
Est. Cost								
Signature Date								
For Office Use Only								

Permit Number

Lot No.

Block

Date Issued

Receipt Number

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