MECHANICAL PERMIT

DATE _____

APPLICATION NUMBER _____

CONTRACTORS LICENSE NO. _____ BLDG. PERMIT NO. _____

LOCATION _____

OWNER _____

KIND OF BUILDING _____ USED AS _____

TO BE COMPLETED ABOUT _____ ESTIMATED COST $ _____

NEW – ALTERATION – REPAIR – ADDITION (Circle One)

OIL ☐ GAS ☐ LPG ☐ ELECT. ☐

TYPE OF EQUIPMENT	NUMBER	FEE	TREASURER'S VALIDATION OF FEE PAID
Air Cond. Units—H.P. Ea.			
Refrigeration Units—H.P. Ea.			
Boilers—H.P. Ea.			
Forced Air Systems—B.T.U. M Ea.			
Gravity Systems—B.T.U. M Ea.			
Floor Furnaces—B.T.U. M			
Wall Heaters—B.T.U. M			
Unit Heaters—B.T.U. M			
Conversion Burner			
Clothes Dryers			
Ventilation Fan			
Range Hood			
Air Handling C.F.M.			
Incinerator			
Gas Piping			
Range COM. ☐ DOM. ☐			
	TOTAL FEE		

CONTRACTOR'S NAME AND ADDRESS

CITY	STATE	ZIP CODE

READY FOR INSPECTION ON _____ (date) OR WILL CONTACT PERMIT CLERK LATER _____

APPLICANT CERTIFIES THAT ALL INFORMATION GIVEN IS CORRECT AND THAT ALL PERTINENT MECHANICAL ORDINANCES WILL BE COMPLIED WITH IN PERFORMING THE WORK FOR WHICH THIS PERMIT IS ISSUED.

_____ Signature of Contractor of his Representative Making Application

_____ Code Official

APPLICANT'S COPY

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