

MECHANICAL PERMIT

BUILDING PERMIT NO. _____

DATE _____

JOB ADDRESS			
OWNER	MAIL ADDRESS	ZIP	PHONE
CONTRACTOR	MAIL ADDRESS	PHONE	LICENSE NO.
DIRECTIONS:			
Type of Building:			
Class of work: <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair			
Describe work:			
Type of Fuel: Oil <input type="checkbox"/> Nat. Gas <input type="checkbox"/> LPG <input type="checkbox"/> Ele. <input type="checkbox"/>			
PERMIT FEES			
SPECIAL CONDITIONS:	No.	Type of Equipment	Fee
			\$
		Air Cond. Units—H.P. Ea.	
		Refrigeration Units—H.P. Ea.	
		Boilers—H.P. Ea.	
		Gas Fired A.C. Units—Tonnage 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	
		Evaporative Coolers	
		Clothes Dryers	
		Ventilation Fan	
		Range Hood	
		Air Handling Unit— C.F.M.	
		Incinerator	
PERMIT			\$
TOTAL FEE			\$
NOTICE			
THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 1 YEAR AT ANY TIME AFTER WORK IS COMMENCED.			
I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT, THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.			
_____ SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT (DATE)			
_____ SIGNATURE OF OWNER (IF OWNER BUILDER) (DATE)			