MECHANICAL PERMIT

DATE _____

PERMIT 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
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		

TREASURER'S VALIDATION OF FEE PAID

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 or his Authorized Representative Making Application

_____ Signature of Permit Clerk