4

MECHANICAL PERMIT

Jurisdiction of_____

Applicant to complete numbered spaces only.

OWNER | JOB ADDRESS

JOB ADDRESS
X

1 LEGAL DESCR. | LOT NO. | BLK | TRACT | ☐ SEE ATTACHED SHEET)

2 OWNER X | MAIL ADDRESS | ZIP | PHONE

3 CONTRACTOR X | MAIL ADDRESS | PHONE | REGISTRATION NO.

4 ARCHITECT OR DESIGNER | MAIL ADDRESS | PHONE | REGISTRATION NO.

5 ENGINEER | MAIL ADDRESS | PHONE | REGISTRATION NO.

6 LENDER | MAIL ADDRESS | BRANCH

7 USE OF BUILDING X

8 X Class of work: ☐ NEW ☐ ADDITION ☐ ALTERATION ☐ REPAIR

9 X Describe work:

Valuation of work $

Type of Fuel: Oil ☐ Nat. Gas ☐ LPG. ☐

SPECIAL CONDITIONS:

APPLICATION ACCEPTED BY	PLANS CHECKED BY	APPROVED FOR ISSUANCE BY

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 6 MONTHS 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)

PERMIT FEES

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	$	

WHEN PROPERLY VALIDATED (IN THIS SPACE) THIS IS YOUR PERMIT

PLAN CHECK VALIDATION CK. M.O. CASH PERMIT VALIDATION CK. M.O. CASH