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

APPLICANT'S COPY

© Copyright 2003 INTERNATIONAL CODE COUNCIL