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.			TREASURERE'S VALIDATION OF FEE PAID
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 CO☐ D☐			
TOTAL FEE			
CONTRACTOR'S NAME AND ADDRESS			
CITY		STATE	ZIP CODE

READY FOR INSPECTION ON _____OR WILL CONTACT PERMIT CLERK LATER_____
(date)

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

ON INSPECTORS COPY

ON REAR

INSPECTION REPORT

DATE	PURPOSE	INSPECTOR

REMARKS: