

BUILDING DEPARTMENT

MECHANICAL PERMIT APPLICATION

CONTRACTOR: _____ DATE: _____

ADDRESS: _____ STATE LICENSE NO: _____
_____ EXPIRATION DATE: _____

PHONE: _____

JOB LOCATION: _____

OWNER NAME: _____ PHONE #: _____

IS THIS JOB: [] NEW
[] REPLACEMENT SIZE OF UNIT: _____
BTU'S OR KW'S HEAT: _____

DUCT SIZE: SUPPLY _____ NO. OF TAKEOFFS: _____
RETURN _____ TYPE OF DUCT: _____

CONDENSATION PAN: _____ FIRE DAMPERS: _____

ELECTRICAL REQUIREMENTS: _____ DUCT DETECTORS: _____

FIRE WALL PENETRATIONS: _____

VALUE OF PROJECT: _____

DESCRIBE SCOPE OF WORK: _____

* A LIMITED LICENSE IS NOT LEGAL INSIDE THE CITY LIMITS *