

Mechanical Permit

Application Instructions - Please fill this form out completely and submit all required information.

PROPERTY INFORMATION:

PERMIT NUMBER: _____

Property Address: _____

Residential Commercial
Circle One

New Addition Remodel
Circle One

OWNER INFORMATION:

Owner Name: _____ Phone Number: _____

Address: _____ City/State: _____

CONTRACTOR INFORMATION:

Contractor: _____ Contact Person: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Phone Number: _____

DESCRIPTION OF WORK:

FIXTURE COUNT:

Valuation of Work: \$ _____

Residential - 1 Unit _____

Residential Minimum - \$30

Residential - Additional Units _____

Commercial Minimum - \$50

Commercial - Up To 4 Units _____

Commercial - Additional Units _____

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 Owner, Contractor

Date

OFFICE USE ONLY

Permit	Check _____ Surcharge	Cash Card Holder	Credit Card Penalty	Total