

COMPLETE ALL SECTIONS FOR SELECTED PERMIT

**MECHANICAL PERMIT**

LOCATION OF PROPERTY: \_\_\_\_\_

MUNICIPALITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_

CONTRACTOR SAME AS BUILDER CONTRACTOR: \_\_\_\_\_ (Reg #) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

HEATING SYSTEM

New  Replacement

FUEL

Gas  Oil  Electric  Solar

TYPE

Hydronic  Forced Air

DESCRIPTION OF WORK: \_\_\_\_\_

ESTIMATED COST OF MECHANICAL WORK: \$ \_\_\_\_\_

NO:	EQUIPMENT	NO:	EQUIPMENT	NO:	EQUIPMENT
_____	Water Heater	_____	Fuel Oil Piping	_____	Gas Piping
_____	Steam Boiler	_____	Hot Water Boiler	_____	Hot Air Furnace
_____	Oil Tank	_____	LPG Tank	_____	Fireplace
_____	Other _____				

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND ACKNOWLEDGES THE SMOKE DETECTOR REQUIREMENTS INVOLVED WITH ALTERATION, REPAIR AND ADDITION PERMITS.

APPLICANT/AGENT SIGNATURE

PRINT NAME

DATE

\*\*\*\*\* FOR DEPARTMENT USE ONLY \*\*\*\*\*

**MECHANICAL PERMIT APPLICATION**

APPROVED  DENIED

BY: \_\_\_\_\_ DATE: \_\_\_\_\_

PERMIT NO. \_\_\_\_\_

MECHANICAL PERMIT FEE	\$ _____
MUNICIPAL FEE	\$ _____
TRAINING FEE	\$ 4. <sup>00</sup> _____
<b>TOTAL PERMIT FEE</b>	<b>\$ _____</b>