

MECHANICAL PERMIT

CONTRACTOR SAME AS BUILDER CONTRACTOR _____
 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: _____	_____ Other: _____	

Plan Required

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 \$ _____

PLAN REVIEW FEE \$ _____

TRAINING FEE \$ 4.00

TOTAL PERMIT FEE \$ _____