

# 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: _____     | _____ | 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 \$ 4.50

**TOTAL PERMIT FEE \$ \_\_\_\_\_**