

PERMIT NO:

MECHANICAL PERMIT APPLICATION
County Zoning & Codes Department

OWNERS Name			PROJECT Address			
Mailing Address			City	State	Zip	
City	State	Zip	Section	Township	Range	Acres
Phone:	Mobile:		Subdivision	Lot	Block	
Email:						
GENERAL Contractor			Description of Work (Briefly describe the work to be performed)			
Address			Residential <input type="checkbox"/>	Commercial <input type="checkbox"/>		
City	State	Zip				
Phone:	Mobile:					
Email:						
MECHANICAL Contractor*						
Address						
City		Zip	TOTAL Estimated Cost Of Project		\$	
Phone:	Mobile:					
Email:						
ELECTRICAL Contractor* (If Applicable)			SIGNATURE/AGENT:			
Address						
City	State	Zip				
Phone:	Mobile:					

Check Items Below Applicable to Job:					✓			✓
		New Installation				Repair		
		Alteration				Replacement		
		Gas Piping				Other		
TYPE OF EQUIPMENT/SYSTEM TO BE PROVIDED AND/OR INSTALLED		Description Type Geothermal, Forced Air, Heat Pump, Boiler/Radiant		Fuel Type (Select from below) Electric, Natural Gas, Propane, Fuel Oil, Solid Fuel, Solar		Size BTU/Wattage/Tonage		Energy Efficiency Rating e.g.: AFUE, SEER
	Furnace-Heater							
	Boiler							
	Cooling Equipment							
	Water Heater							
	Gas Fireplace							
	Solid Fuel Appliance							

FOR OFFICE USE ONLY							
SITUS ADDRESS:				City		ZIP	
Plate:		PIN			Zoning District		
Frontage Road Classification		Setbacks		Front	Side	Rear	
Floodplain	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Flood elevation (if applicable)		Finish floor elevation (if applicable)		