

Rev 04-04-19

For Office Use	
Application Date:	
Issue Date:	
Permit Number:	



RESIDENTIAL MECHANICAL PERMIT APPLICATION

Project Address: _____

Property Owner: _____ Phone Number: _____

Contractor Name: _____ Phone Number: _____

Site Contact: _____ Site Cell: _____

Site Contact Email: _____

Please Check:

New Construction _____ Remodel _____

Addition _____ Other (Explain) _____

Description of Work: _____

NOTE: All sub-contractors (electrical, mechanical/HVAC, plumbing, low voltage, sign etc.) are required to pull separate permits. All permits become 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 started.

I hereby certify that I have read and examined this application and know the same to be true and correct. I understand that all provisions of state laws and city ordinances governing this type of work will be complied with whether specified herein or not. I further understand that

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the issuance of a permit does not grant the authority to violate or cancel the provisions of any state or local laws regulating construction or the performance of construction.

Applicant Signature

Date

For Office Use Only

Required Inspections:

Cover _____ Kitchen Hood _____ Final _____

Plan Review Fee: _____ Permit Fee: _____ Total: _____

Plans Approved For Issuance By: _____

Building Official or Representative

Date