APPLICATION FOR MECHANICAL PERMIT

APPLICATION NO.: PR_____ *(FOR OFFICE USE ONLY)*

PLEASE FILL OUT THE FOLLOWING INFORMATION

JOB ADDRESS: _____ UNIT NO.: _____

CITY/LOCALITY: _____ CROSS – ST: _____ ASSESSOR INFORMATION NO.: _____-- _____-- _____

OWNER'S NAME: _____ _____ _____ OWNER/BUILDER: YES☐ NO ☐
(LAST NAME/BUSINESS NAME) (FIRST) (MI) ***(IF YES, COMPLETE OWNER/BUILDER DECLARATION)***

ADDRESS: _____ _____ PHONE (____) _____ Ext. _____

TENANT: _____ _____ _____
(LAST NAME/BUSINESS NAME) (FIRST) (MI)

ADDRESS: _____ _____ PHONE (____) _____ Ext. _____

APPLICANT: _____ _____ _____
(LAST NAME/BUSINESS NAME) (FIRST) (MI)

ADDRESS: _____ _____ PHONE (____) _____ Ext. _____

CONTRACTOR: _____ _____ _____ LIC. NO.: _____ CLASS: _____
(LAST NAME/BUSINESS NAME) (FIRST) (MI)

ADDRESS: _____ _____ PHONE (____) _____ Ext. _____

ARCH/ENG: _____ _____ _____ LIC. NO.: _____ CLASS: _____
(LAST NAME/BUSINESS NAME) (FIRST) (MI)

ADDRESS: _____ _____ PHONE (____) _____ Ext. _____

WORK DESCRIPTION: _____

_____

PLEASE FILL OUT THE REVERSE SIDE

MECHANICAL FEES

ITEMS		UNITS
ABSORPTION UNIT	< 100 KBTU	_____ Unit(s)
ABSORPTION UNIT	100 - 500 KBTU	_____ Unit(s)
ABSORPTION UNIT	> 500 KBTU	_____ Unit(s)
REFRIG COMPRESSORS	< 100 KBTU	_____ Comp(s)
REFRIG COMPRESSORS	100 - 500 KBTU	_____ Comp(s)
REFRIG COMPRESSORS	> 500 KBTU	_____ Comp(s)
FURNACE/HEATER	< 100 KBTU	_____ Unit(s)
FURNACE/HEATER	100 - 500 KBTU	_____ Unit(s)
FURNACE/HEATER	> 500 KBTU	_____ Unit(s)
BOILER	< 100 KBTU	_____ Boiler(s)
BOILER	100 - 500 KBTU	_____ Boiler(s)
BOILER	> 500 KBTU	_____ Boiler(s)
FIREPLACE/GAS LOG	< 100 KBTU	_____ Appl(s)
FIREPLACE/GAS LOG	100 - 500 KBTU	_____ Appl(s)
FIREPLACE/GAS LOG	> 500 KBTU	_____ Appl(s)
AIR INLETS/OUTLETS	(EACH)	_____ Unit(s)
AIR INLETS/OUTLETS	(AREA)	_____ Sq. Ft.
APPLIANCE VENT	(OTHER)	_____ Unit(s)
AIR HANDLING UNIT	< 2000 CFM	_____ Ahu(s)
AIR HANDLING UNIT	2000 - 10000 CFM	_____ Ahu(s)
AIR HANDLING UNIT	> 10000 CFM	_____ Ahu(s)
EVAPORATIVE COOLERS		_____ Unit(s)
VENT INSTALLATION		_____ Each
VENTILATION FAN (SINGLE REGISTER)		_____ Fan(s)
VENTILATION SYSTEM (OTHER)		_____ System(s)
COMMERCIAL KITCHEN EXHAUST HOODS		_____ Hood(s)
SPRAY BOOTH		_____ Booth(s)
PRODUCT CONVEYING DUCT SYSTEM		_____ System(s)
FIRE DAMPERS		_____ Damper(s)
ALTERATION OF EXIST DUCT SYSTEM		_____ System(s)
SPECIAL INSPECTION		_____ Each

FOR BUILDING AND SAFETY USE ONLY

PERMIT ISSUANCE FEE	_____
PLAN CHECK FEE (MECH CODE)	_____
ADDITIONAL PLAN CHECK (GARAGE VENTILATION)	_____ System(s)
ADDITIONAL PLAN CHECK (GREASE EXHAUST)	_____ Hood(s)
ADDITIONAL PLAN CHECK (STAIR PRESSURE)	_____ System(s)
ADDITIONAL PLAN CHECK (PRODUCT CONVEY)	_____ System(s)
PLAN CHECK GARAGE VENTILATION	_____ Systems)
PLAN CHECK GREASE EXHAUST ONLY	_____ Hood(s)
PLAN CHECK STAIR PRESSURE ONLY	_____ System(s)
PLAN CHECK PRODUCT CONVEY ONLY	_____ System(s)
PLAN CHECK ENERGY (TENANT IMP W/O BLDG PERMIT)	_____ Sq. Ft.
SUPPLEMENTAL PLAN CHECK FEE	_____ Hour(s)
INVESTIGATION FEE NO PERMIT R-3 OWNER/BUILDER	_____ Each
INVESTIGATION FEE NO PERMIT OTHER	_____ Each
NONCOMPLIANCE FEE R-3 OCCUPANCY	_____ Each
NONCOMPLIANCE FEE OTHER OCCUPANCY	_____ Each
BOARD OF APPEALS FEE	_____ Select
ALTERNATE MATERIALS FEE	_____ Hour(s)

CITY'S TRANSPARENCY POLICY FOR CONTRACTORS:

Have you had any negative disciplinary actions from the Contractors State License Board (CSLB) within the past five years? If so:

CASE NUMBER AND REASONS:

_____

PROPERTY OWNER SIGNATURE:

_____