

MECHANICAL PERMIT

LOCATION OF PROPERTY: _____

MUNICIPALITY: _____ COUNTY: _____

☐ CONTRACTOR SAME AS BUILDER CONTRACTOR: _____ (Reg #) _____

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 _____				

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 \$ _____

MUNICIPAL FEE \$ _____

TRAINING FEE \$ 4.⁰⁰

TOTAL PERMIT FEE \$ _____