MECHANICAL PERMIT APPLICATION

City of Lindale
105 Ballard Dr.
Lindale, TX 75771
Phone : 903-882-6861 Fax : 903-881-8170
Email: communitydevelopment@lindaletx.gov

Permit # _____
(Office use Only)

2021 International Mechanical Code

Street Address of Proposed Project	**Suite/Bldg.**	**Building Use:** ☐ **Commercial** ☐ **Residential**
Customer Name	**Phone Number**	**Type of work:** ☐ **New Construction** ☐ **Addition** ☐ **Remodel** ☐ **Repair**
Square Footage of proposed New Construction or Remodel		**Estimated Valuation Job Cost- Commercial Only (Please fill in)**

Item	Number / Size	Item	Number / Size
Air Cond. Units		Clothes Dryer	
Refrigeration Units		Ventilation Fans	
Boilers		Range Hood	
Forced Air Systems		Air Handling	
Gravity Systems		Incinerator	
Floor Furnaces		Gas Piping	
Wall Heaters		Other:_____	
Unit Heaters		***Range* □*Com* □*Dom***	
Conversion Burner			

PERMIT FEES:
Commercial New Construction- $.08 per sq. ft. under roof w/$200.00 minimum
Commercial Remodel, Repair, or Alteration -$60.00 + $6.00 per $1,000.00 remodel value

Residential New Construction- $.06 per sq. ft. under roof w/$100.00 minimum
Residential Remodel, Repair, or Alteration - $.08 per sq. ft. under roof w/$60.00 minimum

Fee	

CONTRACTOR INFORMATION

Company Name		**License Holder Name**	**License Number**
Address	**City**	**State**	**Zip Code**
Phone Number	**Fax Number**	**Email**	

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit. A Penalty Fee equal to 2x's the Permit Fee will be assessed if work begins before the issuance of a valid permit.

Applicant/Responsible person in charge of work | Title | Phone Number | Date

Office Use Only

Reviewed By: _____ Date: _____

☐ Approved; Comments: _____

☐ Not Approved; Comments _____