

# MECHANICAL & GAS PERMIT APPLICATION



Construction Address: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Contractor's Name (If different from Applicant):  
\_\_\_\_\_

Contractor's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Email: \_\_\_\_\_

**Permit Type (check):** Commercial or Residential?

**Mechanical License Information: \*Provide a copy of the business license\***

State License Number & Expiration Date: \_\_\_\_\_

License Holder's Name: \_\_\_\_\_

Check here if requesting permit as a home owner (not a contractor): \_\_\_\_\_

**Additional Information:**

- # of Boilers over 10 hp \_\_\_\_\_
- # of Boilers under 10 hp \_\_\_\_\_
- # of A/C Systems \_\_\_\_\_
- # of Heating Systems \_\_\_\_\_
- # of Mini splits \_\_\_\_\_
- # of exhaust systems \_\_\_\_\_
- # of Grease hood \_\_\_\_\_
- # of Combo Heat & A/C Systems \_\_\_\_\_
- # of Air Intake Systems \_\_\_\_\_
- Each incinerator \_\_\_\_\_
- Each refrigerator system under 5 hp \_\_\_\_\_
- Each refrigerator system under 5 hp \_\_\_\_\_
- Each wood or gas burning heater \_\_\_\_\_
- Each Thru Wall Heat Pump \_\_\_\_\_
- # of outlets for Gas \_\_\_\_\_
- Repairs \_\_\_\_\_

Mechanical Value of Job \_\_\_\_\_

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date**