

MECHANICAL PERMIT

CONTRACTOR SAME AS BUILDER CONTRACTOR: _____

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: _____				

Plan Required

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 \$ _____