## **MECHANICAL Permit Application (Non-Residential)**



Applicant's Name:			Email:			
Project Address (street, zip, county):						
Developer:			Project Supervisor:			
Property Owner:		Teleph	Telephone:			
Contractor:		State L	State License #			
Address:						
City: State:		Zip Code:		Telephone:		
Description of Proposed Work:						
Type of Work (check one): New Construction Change out New Installation						
Gas Meter Needed? Yes No If yes: Inches Lbs Total System BTUs  Check all that apply & indicate quantity for each						
Gas Appliance* \$ 26.00 Addtl Type II Dryers \$ 21.00 ea Gas Connection \$ 26.00 Add. Connections \$ 15.00 ea. *Type II Dryers \$26 for the first five (5)  HVAC Equipment (New Install w/ duct work) Package Units \$ 90.00 Addtl Pkg. Units \$ 75.00 ea Split Systems \$ 95.00 Addtl Split Systems \$ 80.00 ea.  Hot and/or Chilled Water Systems AHU/Coil \$ 60.00 Additional AHU/Coil \$ 45.00 ea.	Kitchen Hoo Exhaust Fan Additional F Unit or Duc WH for hear HVAC Equipmen (Change outs w/o Package Uni Add. Pkg. U Split System Addtl Split S Air Handling Addtl AHUs Condensing Addtl Cond.	or Hood  Fan & Hood  t Heater  t up to 199  t  duct worl  ts  s  fystems  g Unit  units  Units	\$ 31.00 ea k \$ 45.00 ea \$ 80.00 \$ 50.00 ea. \$ 85.00 \$ 55.00 ea. \$ 55.00 \$ 35.00 ea. \$ 50.00 \$ 30.00 ea.	Cooling Towers a Chillers a Coolers a Other:  A La Carte(Renovations)  Vav Boxes  Addtl Vav Boxes  Fire Dampers  Adtl. Fire Dampers  Duct work only  Failure to obtain perm  Minimum Fee is	\$65.00	
I hereby certify that all the information in this application is correct and all work will comply with the City's Land Development Code, State Building Code, and all other applicable State and local laws, ordinances, and regulations. The Inspections Services Division will be notified of any changes in the approved plans and specifications for the project permitted herein. I further understand that this is not an authorization to begin work.  Work may only begin after approval and issuance of the permit.						
Owner/Agent Signature: Date:						
(Do not write below this line. For office use only.)						
Received on/ By		Approve		l By Date:		
After Hours Inspection Fee \$75.00 per nour			Fees + additions = TOTAL \$  Paid on// Staff Initials			

Revised 1/20