

Planning



Department

COMMERCIAL MECHANICAL PERMIT APPLICATION

Address of Mechanical Project: _____

Name of Property Owner or Property Manager: _____

Phone Number of Property Owner or Property Manager: _____

Email of Property Owner or Property Manager: _____

Brief Description of Project: _____

Name of Contractor Company: _____

Address of Contractor Company: _____

Phone Number of Contractor Company: _____

Email of Contractor Company: _____

Contractor Signature: _____

Printed Name of Contractor: _____

Please indicate the quantity of each item below to the best of your ability and then write down the estimated dollar value of that item in the blank to the right of it. The fee for each line is \$40 for the first \$1,000 of valuation and \$4 for each additional \$1,000 of valuation or fraction thereof.

DESCRIPTION	QUANTITY	VALUATION	FEE
Air Conditioning			
Boiler			
Duct Work			

Heating			
Refrigeration			
Vent Hood			
Water Heater			
Miscellaneous:			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Mechanical Permit Fee: _____

FOR OFFICE USE ONLY

Payment Type: ___ Cash ___ Check ___ Card

Amount Paid: _____

Date: _____

Permit Number: _____