



MECHANICAL PERMIT APPLICATION

Date: ____/____/____

PERMIT: _____

ADDRESS OF JOB*

PROPERTY OWNER/TENANT *

DESCRIPTION OF JOB *

OWNER/TENANT PHONE # *

A/C CONDENSOR SEER RATING *

*** REQUIRED INFORMATION**

PERMIT FEE \$ 7.50

ESTIMATED COST OF JOB..... \$ _____

FIRST \$2,000.00 VALUATION.....\$12.50 \$ _____

EA. ADDITIONAL \$1,000.00 VALUATION OR FRACTION OF.....\$2.00 \$ _____

MINIMUM FEE\$20.00

CASH () OR CHECK # _____

TOTAL FEE \$ _____

LICENSE # _____

LICENSE EXP ____/____/____

AGENT/OWNER _____

MECHANICAL TECH SIGNATURE: _____

MECHANICAL CONTRACTOR: _____

ADDRESS CITY STATE ZIP

PHONE# _____