



Permit Number: _____

MECHANICAL PERMIT APPLICATION

Date: ____/____/____

ADDRESS OF JOB _____

PROPERTY OWNER/TENANT _____

DESCRIPTION OF JOB _____

OWNER/TENANT PHONE # _____

A/C CONDENSOR SEER RATING: _____

*REQUIRED INFORMATION

SCOPE OF WORK:

MINIMUM FEE.....\$150.00

CASH () OR CHECK # _____

TOTAL FEE \$ _____

LICENSE # _____

LICENSE EXP ____/____/____

AGENT/OWNER:

MECHANICAL CONTRACTOR:

ADDRESS CITY STATE ZIP

PHONE # _____