

MECHANICAL APPLICATION

PLEASE PRINT CLEARLY



PERMIT #: _____

DATE: _____

PARENT PERMIT # _____

PROJECT ADDRESS: _____

SUBDIVISION: _____ PHASE: _____ LOT: _____ BLOCK: _____

APPLICANT/CONTRACTOR: _____ PHONE: _____

MECHANICAL LICENSE#: _____ EXPIRATION DATE: _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

OWNER OF PROPERTY: _____ PHONE : _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

DESCRIPTION OF WORK: _____

ESTIMATED COST OF CONSTRUCTION \$ _____

THIS PERMIT WILL EXPIRE IF WORK HAS NOT COMMENCED WITHIN 180 DAYS OF THE ISSUANCE OF THIS PERMIT.

THE GRANTING OF A BUILDING PERMIT DOES NOT CONSTITUTE A DETERMINATION THAT THE PROPOSED CONSTRUCTION WILL OR WILL NOT VIOLATE ANY DEED RESTRICTIONS OR COVENANTS APPLICABLE TO THE PROPERTY UPON WHICH THE CONSTRUCTION TAKES PLACE, NOR DOES IT AUTHORIZE ANY SUCH VIOLATION. I, _____ (PRINT NAME), AS OWNER OR AS AGENT FOR THE OWNER, HEREBY CERTIFY THAT I HAVE REVIEWED ALL THE COVENANTS AND RESTRICTIONS APPLICABLE TO THE ABOVE PROPERTY. I FURTHER CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE PROVISIONS OF THIS NOTICE.

SIGNATURE: _____ DATE: _____

MECHANICAL PERMIT FEE SCHEDULE:

PER SQUARE FEET OF ALL AREA COVERED BY ROOF.....\$.02

MINIMUM MECHANICAL PERMIT FEE.....\$50.00

*******BUILDING DEPARTMENT ONLY*******

REMARKS: _____

APPROVAL: _____ APPROVAL DATE: _____ MECHANICAL FEE: _____