Town of Calumet, OK

MECHANICAL PERMIT

CONTRACTOR'S COMPANY NAME: _____

CONTRACTOR'S REPRESENTATIVE NAME: _____

CONTRACTOR'S E-MAIL ADDRESS: _____

BUSINESS PHONE #: _____ STATE LICENSE #: _____

COMPLETE JOB ADDRESS: _____

BUILDING PERMIT #: _____

TYPE OF PERMIT: ☐ **RESIDENTIAL** ☐ **COMMERCIAL**

TYPE OF PERMIT: ☐ **NEW INSTALLATION** ☐ **REPLACEMENT** ☐ **RELOCATE**

TYPE OF PERMIT NEEDED:

☐ **FORCED AIR HEAT**

☐ **AIR CONDITION UNIT**
TONNAGE FOR EACH UNIT: _____

☐ **FAN COIL UNIT**

☐ **WALL HEATER**

☐ **FLOOR FURNACE**

☐ **CONSTRUCTION GAS**

☐ **GAS EXTENSION**

☐ **DUCT WORK / COMM. VENT HOOD**

☐ **REFRIGERATION UNIT**
(COOLERS, WALK/REACH INS, ETC.)
TONNAGE:_____

☐ **APPLIANCE OVER 4K BTU**

☐ **UNIT HEATER**

☐ **GAS CLOTHES DRYER**

☐ **GAS SERVICE**

☐ **GAS METER RESET**

☐ **RE-INSPECTION**
ORIGINAL PERMIT #: _____

INSPECTION NEEDED: ☐ **WILL CALL** ☐ **GROUND** ☐ **ROUGH** ☐ **FINAL**

OTHER INFORMATION: _____

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