



DATE:_____ CITY OF CISCO PERMIT NUMBER: _____ MECHANICAL PERMIT APPLICATION

Mechanical Permits will only be issued to licensed Texas Air Conditioner Contractors upon presentation of a valid Texas AC Contractor's license. If a homeowner is completing their own mechanical work without a valid license, they <u>MUST</u> present, as part of the permit application, proof of ownership of the property.

The City of Cisco has adopted the 2021 International Mechanical Code and all work must conform to that code.

Once application has been submitted, the application will be reviewed by the inspector, and once approved, you will receive notice from the city that the permit is approved and any fees due for the permit. Work on any project should **<u>NOT</u>** be commenced until you have received an approved permit and paid all necessary fees.

Questions regarding the permitting process can be directed to the City Secretary by phone at 254-442-2111 or by email at <u>citysecretary@ciscotexas.gov</u>.

SUBMITTAL OF PERMITS				
In Person	500 Conrad Hilton Blvd., Cisco, TX 76437			
By Mail	P.O. Box 110, Cisco, TX 76437			
By Email	citysecretary@ciscotexas.gov			

Each mechanical permit will require inspection. When you have completed each phase of work, please contact the inspector, **Banjo Berryman, at 940-247-9640** before continuing with work.

NOTICE

Separate permits are required for electrical, plumbing, gas, and mechanical work. There will also be additional fees for inspections of work. This permit becomes null and void if work authorized is not commenced within 6 months, or if work is suspended or abandoned for a period of 1 year at any time after work is commenced. Revised plans must be submitted for city review and approval is required for <u>any</u> changes made after the City of Cisco issues a permit.

			LOCAT	ION OF WORK		
Job Address						
Legal Description						
Owner						
Owner Address						
Owner Phone/Email						
BUILDING USE						
Use of Building	ilding □ Commercial □ Manufacturing □ Residential □ Multi-Family □ Two Family □ Manufactured/Mobile Home		□ Two Family			
Class of Work		□ New	□ Addition	□ Alteration/Relocation	🗆 Repair	□ Emergency
Description of Work (If emergency condition please explain)	is exist,					

HVAC Phone Address Fax City, State ZIP Code E-mail SPECIFICATIONS OPECIFICATIONS Are you installing or replacing split system(s) up to and including 10 tons?YesNoIf yes, how many? A Are you installing or replacing split system(s) greater than 10 tons?YesNo If yes, how many? A Are you installing or replacing a condensing unit or evaporator coil?YesNo If yes, how many? A Are you installing or replacing a forced air heating furnace?YesNo If yes, how many? A Are you installing or replacing a non-ducted heater?YesNo If yes, how many? A Are you installing or replacing a non-ducted heater?YesNo		BUSINESS/TRADE INFORMATION					
City, State ZIP Code E-mail SPECIFICATIONS • Are you installing or replacing split system(s) up to and including 10 tons?YesNo If yes, how many?	<u>HVAC</u>	Phone					
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SIGNATURES

I hereby certify that I have read and examined this application and know the same to be true and correct . All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Signature of Contractor	Signature of Owner	
Name and Title	Name and Title	
Date	Date	
Circulture (Channel of Incorportion	Date	
Signature/Stamp of Inspector	Date	