Town of Calumet, OK

MECHANICAL PERMIT

CONTRACTORS COMPANY NAME: _____

CONTRACTORS REPRESENTATIVE NAME: _____

CONTRACTORS E-MAIL ADDRESS: _____

BUSINESS PHONE # _____ STATE LICENSE # _____

COMPLETE JOB ADDRESS: _____

☐ **RESIDENTIAL** ☐ **COMMERCIAL**

☐ **NEW INSTALLATION** ☐ **REPLACEMENT** ☐ **RELOCATE**

TYPE OF PERMIT NEEDED:

☐ **FORCED AIR HEAT**

☐ **AIR-CONDITIONED 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**

OTHER INFORMATION_____

_____

RECEIVED BY: _____ DATE: _____

$20.00 FEE PAID BY: CHECK CASH MONEY ORDER CREDIT CARD

BUILDING PERMIT# _____

JOB PERMIT# _____

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