

Small, Serene, Simply Garnett.

APPLICATION FOR MECHANICAL PERMIT

APPLICATION NO	APPROVED BY:	APPROVED DATE:	
	TO BE COMPLETED BY A	APPLICANT	
Job Address:			
Owner Name:		Phone:	
Mailing Address:	City:	State: ZIP	
LICENSED MECHANICAL CO	ONTRACTOR		
Name:		Phone:	_
Mailing Address:	City:	State: ZIP	
Structure Type/Fee			
1 or 2 Family Dwelling-\$25	.00 New Commercial/Multifan	mily-\$50.00 All Others-\$40.00	
Estimated Completion Date:			
Work to be Done: Repair/	Replace New Air Condi	itioner	
	Size:	BTU:	
All mechanical work shall be per	rformed in compliance with Ordinano	ace 3321.	
review and processing. The Z	oning Administrator reserves the ri	d not less than three (3) business days in adight to issue or deny any permit within 30 hall commence until a signed permit has been	days of
two (2) hours in advance for al		contact the office of the Zoning Administrate der or representative must be on-site for all ucted during normal business hours.	
All work must be inspected befo	re being covered. A final inspection	is required when work is complete.	
Applicant Signature:		Date:	