

PLANNING AND CODE ADMINISTRATION

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MECHANICAL PERMIT APPLICATION

All information must be complete to initiate processing of application

SUBJECT PROPERTY

Street Address

APPLICANT

Business Name (if applicable)

Primary Contact

Street Address

Suite No.

City

State

Zip Code

Telephone Numbers: Work

Cell

Email Address

PROPERTY OWNER

Business Name (if applicable)

Primary Contact

Street Address

Suite No.

City

State

Zip Code

Telephone Numbers: Work

Home

Cell

Email Address

OCCUPANT/TENANT/DOING BUSINESS AS (only complete if applicable)

Business Name (if applicable)

Primary Contact

Suite No.

Street Address

Zip Code

City

State

Telephone Numbers: Work

Home

Cell

Email Address

HVAC CONTRACTOR

Business Name (if applicable)

License Holder's Name

MD License No.

Street Address

Suite No.

City

State

Zip Code

Telephone Numbers: Work

Cell

Email Address

PERMIT TYPE (check one only)

Commercial New

Commercial Replacement

Residential New

Residential Replacement

WORK DESCRIPTION

PROJECT DETAIL INFORMATION

Total Cost of Mechanical Work (**DO NOT leave blank**)

Type of Appliance(s) (check all that apply):

Gas - No. of Appliance(s)

Electric - No. of Appliance(s)

Oil - No. of Appliance(s)

Total No. of Appliance(s)

For Commercial Only:

Construction Type

Use Group

Space to be Occupied During Construction? Yes No

No

Rooftop Unit: Yes No

Building Sprinklered? Yes No

Applicant's Signature

Date

SUBMITALL REQUIREMENTS

1. Completed Application
2. Unit Specifications (*Commercial Only*)
3. Fee