

PUTNAM COUNTY
BUILDING CODES DEPT.

APPLICATION FOR MECHANICAL PERMIT

APPLICATION DATE: _____

BUILDING PERMIT
NUMBER _____

TAX MAP NUMBER: _____

ADDRESS: _____

NEW CONSTRUCTION

TYPE CONSTRUCTION: _____

ADDITION/REMODELING

OWNER

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT PERSON: _____

TELEPHONE: _____

CONTRACTOR

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT PERSON: _____

TELEPHONE: _____

License Number _____ Expiration Date _____

CLASS OF WORK: New Addition Alteration Repair

Change-out

BUILDING USE: Residential _____

Commercial _____

New Existing

LOCATION OF UNIT: Roof Top Basement Attic

Mechanical Room Crawl Space Slab

TYPE OF UNIT: Split Package Other

SQUARE FEET OF CONDITIONED SPACE: _____

SIZE OF HVAC EQUIPMENT BY TON: _____

HEATING EQUIPMENT: _____ BTU'S KW'S

DUCT WORK: Metal Duct Board Flex Other

Return Air Grill _____ X _____ Filter _____ X _____

Supply Air Grill _____ X _____ Number _____

INSPECTIONS:

Gas Venting Gas Piping Range Hood Dryer Hood Dryer Vent Fire Place Chimney Fire Damper

Duct Work Exhaust Hood Walk-In Cooler Ventilation Boiler Chiller Refrig. Piping Condensate Drain

COMMENTS: _____

COST OF IMPROVEMENTS: _____

DATE PERMIT ISSUED: _____

COST OF PERMIT: _____

APPROVED BY: _____

OWNER'S/CONTRACTOR'S SIGNATURE: _____