

APPLICATION FOR MECHANICAL PERMIT

HOMEOWNER'S NAME _____

HOMEOWNER'S ADDRESS _____ Zip Code _____

HOMEOWNER'S PHONE NUMBER(S) _____

JOB ADDRESS: _____ **ZIP CODE** _____

PROJECT NAME (If applicable) _____

MECHANICAL CONTRACTOR'S NAME: _____

D/B/A _____

CITY OF PASCAGOULA

LICENSE NUMBER _____ **CONTRACTOR PHONE NUMBER(S) Cell** _____

Office _____ / **Home** _____

COST OF PROJECT \$ _____ **FLOOD ZONE** _____

NATURE OF WORK

NEW ? _____ **REPLACEMENT ?** _____

AIR CONDITION UNIT IN TONS: _____ **HEAT UNIT IN KW:** _____

HEAT UNIT IN BTU(S): _____ **REFRIGERATION** _____

UPFLOW _____ **DOWNFLOW** _____ **HORIZONTAL** _____

(Please answer **Yes** or **No**) **INSIDE UNIT** _____ **OUTSIDE UNIT** _____

Type Work: Residential _____ Commercial _____ Industrial _____

REMARKS: (About the work you propose to do on this job) _____

DATE

SIGNATURE OF APPLICANT

FEES \$ _____ **PERMIT NUMBER** _____ **DATE:** _____

Permission is hereby granted to perform the work described above. This permit is issued on the conditions that the work described above will conform to all applicable codes or ordinances.