

CITY OF LAKE VIEW INSPECTION SERVICES
APPLICATION FOR MECHANICAL PERMIT

(This box for Clerk's use only)

Date _____ Permit# _____

JOB ADDRESS: _____
COMPANY NAME: _____
TELEPHONE _____ MASTER CARD CERTIFICATION # _____
EMAIL _____

WORK TO BE PERFORMED

MECHANICAL SYSTEMS:

TYPE OF OCCUPANCY

- ___ AIR CONDITIONING (INCLUDES SPLIT SYSTEMS)
- ___ GAS BURNING EQUIPMENT (FURNACE)
- ___ HEAT PUMP
- ___ CLOTHES DRYER
- ___ COMMERCIAL HOOD
- ___ BATH AND KITCHEN EXHAUST
- ___ CENTRAL AC/HEAT SYSTEM (INCLUDES DUCT)
- ___ EVAPORATOR COILS
- ___ AIR HANDLER
- ___ FLUE/VENT DAMPER
- ___ FLOOR FURNACE

- ___ RESIDENTIAL
- ___ COMMERCIAL/INDUSTRIAL

MECHANICAL PERMIT COST: \$50.00 plus \$10.00 issuance fee and total cost of work unless cost is included in master permit.

JOB COST: _____ **PERMIT FEE:** _____

I HEREBY CERTIFY: All information given herein is true and correct to the best of my knowledge. I assume all responsibility for the HVAC work performed on this job and hold harmless any claims against the City of Lake View, its council and/or its agencies relating to this HVAC job for which this permit is issued. I agree to comply with all City of Lake View ordinances, State and Federal laws regulating building construction; that I am the owner or authorized to act as the owner's agent for the herein described work; all work to be performed shall meet or exceed all applicable codes.

Signature Printed Name Date