

Building Commissioner
Ed Batteiger**Mechanical Permit
Application**Administrative Assistant
Alicia Denning**Permit Date:****Permit #:****Township:****Total Fee:****Site of Job Street****City:****Owner Name****Contractor:**

Address:

Address:

City:

City:

State:

State:

Zip code:

Zip code:

Architect/ Designer:**Contractor License #**

Address:

City:

State:

Zip code:

Phone #:

Fax #:

Email:

Proposed use (List # of living units if applicable) :
Square footage:

Total Value of Work:

Class of Work: (Please list type- New, Addition, Alteration, Tenant Finish, Repair, or Replace)**Use of Building:** (Please list type- Single Family Residence/Duplex, Garage, Multi Family Residence, Commercial)**Type of Activity:** (Mark YES or NO)

Ductwork?

Dust, Stock, & Vapor Removal System?

Gas Piping?

Medical Gas?

Combination Heat & Cool?

Please mark the number of each:

Evaporative Cooling Units:

Exhaust Systems:

Forced Air Heating Systems:

Make Up Air Units:

Range Hoods:

Through-Wall Heaters:

Unit Heaters:

Ventilating Systems:

Number of Gas Outlets:

Compressor Units:

Air Condition(5 tons or less residential) :

Roof Top Units (10 tons or less):

Fireplaces:

PreFab Metal:

Gas Log:

Please mark YES or NO:

Gas Piping:

Gas Vent:

Water Heaters:

Replacement Gas Hot Water Heater Capacity: (in gallon)

BTU's

Replacement Water Heaters:

The undersigned agrees to: Any changes (to the structure or location) for which this permit is issued will comply with all the applicable laws of the State of Indiana and ordinances of Posey County. All work will be done in accordance with the appropriate Building Code as adopted by the State of Indiana.

The undersigned also agrees: The appropriate office will be notified of any changes in the work, scope and substance covered by this Permit.

X**X**

(Signature of Owner, Contractor, or Authorized Agent)

(Print Name and Title)