

PUTNAM COUNTY
PLANNING DEPT.

**APPLICATION FOR
MECHANICAL
PERMIT**

APPLICATION DATE: _____ BUILDING PERMIT NUMBER _____
 TAXMAP 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: _____ BTUs 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: _____