

**City of Baxter**  
**APPLICATION FOR MECHANICAL PERMIT**

Application Date: \_\_\_\_\_ Permit No. \_\_\_\_\_

Address: \_\_\_\_\_ New: \_\_\_\_\_ Remodel: \_\_\_\_\_

**OWNER**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_

**CONTRACTOR**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_ License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Class of Work: New \_\_\_\_\_ Addition \_\_\_\_\_ Alteration \_\_\_\_\_ Repair \_\_\_\_\_  
Change out \_\_\_\_\_ Gas Piping Only \_\_\_\_\_

Building Use: Residential: \_\_\_\_\_ New: \_\_\_\_\_ Existing: \_\_\_\_\_

Commercial: \_\_\_\_\_

Location of Unit: Roof Top \_\_\_\_\_ Mech Room \_\_\_\_\_ Split \_\_\_\_\_ Basement \_\_\_\_\_ Crawl Space \_\_\_\_\_  
Attic \_\_\_\_\_ Slab \_\_\_\_\_

Type of Unit: Split \_\_\_\_\_ Package \_\_\_\_\_ Other \_\_\_\_\_

Sq foot Conditioned Space \_\_\_\_\_ Size HAVC Equipment by ton \_\_\_\_\_ Heating Equipment \_\_\_\_\_ BTUs

Duct Work Type \_\_\_\_\_ Return Air Grill Size \_\_\_\_\_ Filter Size \_\_\_\_\_

Supply Air Grill Size \_\_\_\_\_ 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 \_\_\_\_\_ Condensation Drain

Comments: \_\_\_\_\_

GAS PIPING must be pressure tested minimum 10lbs – residential, or 20 lbs – commercial  
ALL GAS METER and GAS PIPING MUST BE BRACED & PROPERLY SUPPORTED

Ready for Inspection: \_\_\_\_\_ Will Call: \_\_\_\_\_

COST OF JOB (equip – install-labor) \_\_\_\_\_ Date/Issue: \_\_\_\_\_

COST OF PERMIT: \_\_\_\_\_ Approved by: \_\_\_\_\_

Owner /Contractor Signature: \_\_\_\_\_ CALL FOR INSPECTION: