

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:

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