



APPLICATION FOR MECHANICAL PERMIT

Ph: 314-963-5331

Issue Date: _____ Permit #: _____

****FOR CITY USE ONLY****

CHECK ALL THAT APPLY:

Mechanical for new building/addition Repair Remove/Replace Residential Commercial

Project Address: _____

Owner: _____ Phone: _____

Address (if different from project address): _____

City: _____ State: _____ Zip: _____

Describe Project: _____

Start Date: _____ Completion Date: _____

Table with 5 columns: MECHANICAL ITEM, Size, Units, Unit Cost, Fee. Rows include Air conditioning, Boilers, Lifts, Exhaust Systems, Refrigerators, Fireplaces, Furnaces, and Total Mechanical Costs.

1. All exterior work shall be completed within six (6) months... 2. By signing this permit the applicant certifies that all asbestos... 3. I hereby certify that all information provided... Company: Phone: Contact: Cell Phone: Applicant Signature: Date:

(ORANGE) Ck # _____ Rec'd by _____ Date _____