

APPLICATION FOR MECHANICAL PERMIT

CITY OF ADAMSVILLE, ALABAMA, INSPECTION SERVICES DEPARTMENT
 P. O. BOX 309, ADAMSVILLE, AL 35005 PHONE 205-674-5671 FAX 205-674-6430

IMPORTANT – Complete ALL items applicable to the proposed installation

1. Number and Street LOCATION OF BUILDING:	Subdivision Or Survey	Lot	Block
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2. OWNER	MAIL ADDRESS	ZIP	PHONE
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3. CONTRACTOR	MAIL ADDRESS	PHONE	LICENSE NO.
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4. ARCHITECT OR DESIGNER	MAIL ADDRESS	PHONE	LICENSE NO.
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5. ENGINEER	MAIL ADDRESS	PHONE	LICENSE NO.
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6. USE OF BUILDING

7.	<input type="checkbox"/> NEW	<input type="checkbox"/> ADDITION	<input type="checkbox"/> ALTERATION	<input type="checkbox"/> REPAIR
CLASS OF WORK:				
8.	<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> INDUSTRIAL	<input type="checkbox"/> INSTITUTIONAL

9. DESCRIBE WORK:

<p style="text-align: center;">MECHANICAL PERMIT PRICE \$7.00 PER THOUSAND OF COST OF JOB</p> <p style="text-align: center;">COPY OF CONTRACT/BILL TO CUSTOMER MUST ACCOMPANY PERMIT</p> <p style="text-align: center;">CURRENT COPY OF HVAC REQUIRED. PERSON MAKING APPLICATION MUST HOLD CERTIFICATION AS REQUESTED.</p>	<p>Type of Fuel: Oil <input type="checkbox"/> Nat. Gas <input type="checkbox"/> LPG <input type="checkbox"/></p> <p style="text-align: center;">PERMIT FEES</p> <p>Cost of Job.....\$ _____</p> <p>Job cost \$7.00 per thousand.....\$ _____</p> <p>Minimum Permit Fee.....\$ 30.00</p> <p>Total Fee.....\$ _____</p>
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APPROVED	DATE	PERMIT NO.:
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