

Must save application to computer prior to filling in or all work will be lost

MECHANICAL PERMIT APPLICATION CITY OF TROY

BP #_____

JOB ADDRESS:						ASSESSORS PARCEL NUMBER, IF KNOWN:			
(number) (roa	d name)	(city)	(zi	ip code)					
Point of Contacts D. O D. Contact	DE	A 1: 4	O4h						
Professed Method of Contacts Total Description Descr									
Preferred Method of Contact: ☐ Text ☐ Email ☐ Call Phone:					Email:				
OWNER: Mailing Address:									
Phone: Cell #: Email:									
CONTRACTOR:				iling Address:					
Phone: Cell #:			Ema	Email: License #:					
ENGINEER/ARCHITECT:			failing Address:						
Phone: Cell #:			Email: License #:						
Use of Building (For this Permit):			Desc	Describe Work:					
Describe W.				or o					
Class of Work: ☐ New ☐ Addition ☐ Alteration ☐ Repair ☐ Move ☐ Rem						Valuat	ion of Work:		
Ty	pe of Fuel:	Natural Gas	Oil	☐ Propane (LI	PG)	ectric			
Description of Equipment				Qty	Each	То	tal \$		
Residential Furnace including vents/ducts					20.	00			
Residential Boilers					20.	00			
Suspended, wall, floor mount or radiant heater					15.	00			
Ground Loop Heat Pump or Hydronic Piping					15.	00			
Gas Appliances:(dryer, range, water heater, barbecue, log lighter, fireplace, inserts, pool/spa heater, other)					15.	00			
Air-Handlers (electric furnace)					15.0	00			
Heat pump, Air Conditioner, Evaporative Cooler					15.0	00			
Heat Recovery Unit					15.	00			
Solid Fuel Fireplaces, Stoves, Inserts					25.	00			
Chimney (flue, liner, vent)					15.	00			
Ductwork					15.	00			
Appliance Vents					15.	00			
Gas Piping System. 1-4 outlets					10.0	00			
Each additional outlet over 4					2.0	00			
Other (non-specified equipment					15.	00			
Special inspection per hour					50.	00			
+ \$25 Permit Processing Fee (Minimum Fee, \$50)				<u> </u>	Tot	al			
NOTICE: THE PERMIT APPLIED FOR WITH THIS APPLICATION BECOMES NULL AND VOID IF NO INSPECTION IS REQUESTED AND PERFORMED FOR THE WORK AUTHORIZED WITHIN 180 DAYS FROM DATE OF ISSUANCE, AND/OR IF NO INSPECTION IS REQUESTED AND PERFORMED FOR A PERIOD OF 180 DAYS FROM THE MOST RECENT INSPECTION									
INSPECTION IS REQUESTED AND PERFORMED FOR A PERIOD OF 180 DAYS FROM THE MOST RECENT INSPECTION I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH									
THEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.									
COMMENCEMENT OF CONSTRUCTION PRIOR TO THE ISSUANCE OF A LATAH COUNTY BUILDING PERMIT, AND PRIOR TO ZONING APPROVAL, IS DONE WITH THE UNDERSTANDING THAT ALL WORK WILL BE REMOVED IF A PERMIT IS NOT ISSUED OR IF ZONING APPROVAL IS NOT RECEIVED.									
Authorization The applicant does hereby certify that all of the above statements are information in any attachments transmitted herewith are true, and further acknowledges that									
approval of this application may be revoked	if it is found that		ments are						
a. Signature of Applicant		b. Date	c. Signature of Property Owner (If different				olicant)	d. Date	
a. Signature of Contractor b. Date									
-		1							