

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

MECHANICAL PERMIT APPLICATION

CITY OF TROY

BP#	<u> </u>

JOB ADDRESS:					ASSESSORS PARCEL NUMBER, IF KNOWN:						
(number) (road	name)	(city)	(zi	ip code)							
Point of Contacts D. Owner, D. Contactor D. D. Contactor D. Contactor D. Other											
Point of Contact: ☐ Owner ☐ Contractor ☐ Engineer/Architect ☐ Other: Preferred Method of Contact: ☐ Text ☐ Email ☐ Call Phone: Email:											
<u> </u>						Email:					
OWNER: Mailing Address:											
Phone:	•	Ema	il:								
CONTRACTOR:	Ma	Mailing Address:									
031,111101011		Maining Address.									
Phone: Cell #:				il:	License #:						
ENGINEER/ARCHITECT:	Ma	Mailing Address:									
2.02.02.02.02.02.02.00		Maining Address.									
Phone: Cell #:			Email:					License #:			
Use of Building (For this Permit):				Describe Work:							
(
Class of Work · □ New □	Addition	teration	air ПM	ove Remove			Valuation	on of Work:			
Class of Work: ☐ New ☐ Addition ☐ Alteration ☐ Repair ☐ Move ☐ Remove											
Тур	e of Fuel:	Natural Gas	Oil	☐ Propane ((LPG)	☐ Electric					
Description of Equipment				Q	ty	Each	Tot	al \$			
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)						15.00					
Heat pump, Air Conditioner, Evaporative Cooler						15.00					
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						10.00					
Each additional outlet over 4						2.00					
Other (non-specified equipment						15.00					
Special inspection per hour						50.00					
+ \$25 Permit Processing Fee (Minimum Fee, \$75)						Total					
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											
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 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 any such statements are false.											
a. Signature of Applicant b. Date				c. Signature of Pr	roperty	Owner (If different	than appl	icant)	d. Date		
a. Signature of Contractor	b. Date										