

PERMIT APPLICATION  
 FOR  
 ALL MECHANICAL INSTALLATIONS  
 ORDINANCE NUMBER 8-74

APPLICATION NO.	<b>M</b>

Date of Application \_\_\_\_\_ 19 \_\_\_\_

APPLICANT - COMPLETE ALL SPACES ON BOTH SIDES OF THIS FORM. USE INK OR TYPE.

1. Address of proposed installation \_\_\_\_\_  
 Type of Occupancy \_\_\_\_\_  
 Lot No. \_\_\_\_\_

IDENTIFICATION	NAME	STREET ADDRESS	CITY	STATE	ZIP CODE	PHONE NUMBER
OWNER						
MECH. CONTR.						
GEN. CONTR.						
MECH. PLANS BY						

2. TYPE OF MECHANICAL EQUIPMENT. (Describe & show number of units to be installed.)

- A. Furnace  Up Flow  Counter Flow Trade Name \_\_\_\_\_ Model No. \_\_\_\_\_ Fuel \_\_\_\_\_
- B. Boiler  H.W.  Steam  Process Trade Name \_\_\_\_\_ Model No. \_\_\_\_\_ Fuel \_\_\_\_\_
- C. Unit Heater \_\_\_\_\_ Trade Name \_\_\_\_\_ Model No. \_\_\_\_\_ Fuel \_\_\_\_\_
- D. Comb. Htg. & A.C. \_\_\_\_\_ Trade Name \_\_\_\_\_ Model No. \_\_\_\_\_ Fuel \_\_\_\_\_
- E. Baseboard Radiation \_\_\_\_\_ Trade Name \_\_\_\_\_ Model No. \_\_\_\_\_ Fuel \_\_\_\_\_ Input Btuh \_\_\_\_\_
- F. Incinerator Trade Name \_\_\_\_\_ Model No. \_\_\_\_\_ Fuel \_\_\_\_\_ Location \_\_\_\_\_  
 Volume of Primary Combustion Chamber \_\_\_\_\_ Cu. Ft.
- G. Air Cond. Fuel \_\_\_\_\_ Trade Name \_\_\_\_\_ Model No. \_\_\_\_\_ Btuh \_\_\_\_\_  
 C. Btuh \_\_\_\_\_  
 H. Btuh \_\_\_\_\_
- H. Heat Pump \_\_\_\_\_ Trade Name \_\_\_\_\_ Model No. \_\_\_\_\_
- I. Unit Ventilator \_\_\_\_\_ Trade Name \_\_\_\_\_ Model No. \_\_\_\_\_ C.F.M. \_\_\_\_\_
- J. Fan - Type \_\_\_\_\_ Trade Name \_\_\_\_\_ Model No. \_\_\_\_\_ C.F.M. \_\_\_\_\_
- F. Make-up Air Unit - Type: \_\_\_\_\_ Trade Name \_\_\_\_\_ Model No. \_\_\_\_\_
- L. Storage Tank  Fuel Oil  LP Gas  Waste Oil  Gasoline Cap'y. \_\_\_\_\_ gal. Location \_\_\_\_\_
- M. Accessory Equipment \_\_\_\_\_
- N. Other \_\_\_\_\_ Trade Name \_\_\_\_\_ Model No. \_\_\_\_\_ Fuel \_\_\_\_\_ Capacity \_\_\_\_\_
- O. Alterations \_\_\_\_\_

3. INSTALLED PRICE OF MECHANICAL EQUIPMENT.

- A. Heating \$ \_\_\_\_\_ .00
- B. Heating & Air Cond. \$ \_\_\_\_\_ .00
- C. Air Cond. \$ \_\_\_\_\_ .00
- D. H.V.A.C. \$ \_\_\_\_\_ .00
- E. Storage Tank \$ \_\_\_\_\_ .00
- F. Other Equipment (describe) \_\_\_\_\_ \$ \_\_\_\_\_ .00
- G. Alterations \$ \_\_\_\_\_ .00

4. DESCRIPTION OF WORK TO BE DONE, LOCATION OF EQUIPMENT, ALTERATIONS, ETC. \_\_\_\_\_

5. I.B.I. INSPECTION REQUESTED \_\_\_\_\_ DATE \_\_\_\_\_

The Undersigned being the Owner, Mech. or Gen. Contractor does hereby covenant and agree to install above noted work in all respects in compliance with the laws of the State of Ohio, and with the Building Code of City of Harrison. Items indicated by checkmark and details on reverse side are included in work covered by Permit.

APPLICANT SIGN HERE \_\_\_\_\_ ADDRESS \_\_\_\_\_

(Owner, Mech. or Gen. Contractor) DO NOT WRITE BELOW THIS LINE (OFFICE USE)

- Charge included with Bldg. Permit
- Charge Separately

Plan Examiner's Approval: \_\_\_\_\_ Date \_\_\_\_\_ 19 \_\_\_\_

If Charged Separately, Date Permit Issued \_\_\_\_\_ Number \_\_\_\_\_

SUPPLY DUCT.	Sq. in. Min.
RETURN DUCT	Sq. in. Min.
Permit and Inspection Fee \$	

