



City of Mount Pleasant

"Experience Our History.....Explore Our Possibilities"

Department of Planning and Zoning



MECHANICAL PERMIT APPLICATION

Job Address: _____

Applicant Name: _____ Phone: _____

Applicant is the: Contractor* Homeowner*

*If applicant is the homeowner, he/she must read and sign a Homeowner Affidavit.

Property Owner: _____

Address: _____

City, State, Zip _____ Phone: _____

Project Information: Existing Commercial Existing Residential
 New Commercial New Residential

Type of Work: New Addition/Alteration Repair Change-out

Fuel Source: Electric Gas

Heating Equipment Load: _____ BTU's _____ KW's

HVAC Equipment Tonnage: _____

Type(s) of Work to be Performed:

- | | | | | |
|-----------------|------------------|--------------------|----------------------------------|-------------|
| Gas Venting | Gas Piping | Dryer Venting | Grease Duct | Paint Booth |
| Furnace | Duct Work | Fire Damper | Boiler | Chiller |
| Condensing Unit | Condensate Drain | Refrigerant Piping | Residential Kitchen Exhaust Hood | |
| Package Unit | Gas Fireplace | Unit Heater | Commercial Kitchen Exhaust Hood | |

Gas Piping Information: (Please provide the BTU load for all appliances/fixtures.)

Furnace _____	Water Heater _____	Fireplace _____	Cook Stove _____
Package Unit _____	Clothes Dryer _____	Unit Heater _____	Boiler _____

Total Value of Work to be Performed: _____

Is this job **READY for inspection or** **WILL CALL?**

Applicant Signature: _____ Date: _____