

APPLICATION FOR MECHANICAL PERMIT
Town of Coopertown

Building Permit Number: _____ Date: _____

Construction Site
Address: _____ City/Zip: _____

Call 48 Hours Before Inspection Is Needed 615) 382-4470, ext. 215

Applicant: _____
Address: _____ City/State/Zip: _____
Home Phone: _____ Cell Phone: _____
Email: _____

Owner: _____
Address: _____ City/State/Zip: _____
Home Phone: _____ Cell Phone: _____
Email: _____

=====
Note: \$55.00 due at time of building permit issuance; additional site inspections will be charged \$55.00 each.

Class of Work
 New Construction Addition Remodel Repair Change Out

Valuation: \$ _____

Use of Building: Residential Commercial Multi-Family Industrial

Appliances	Quantity	Appliances	Quantity
Dryer	_____	Gas Cooking	_____
Duct System	_____	Gas Dryer	_____
Exhaust Fan	_____	Gas Fireplace	_____
Grease Duct	_____	Gas Water Heater	_____
		Outdoor Gas Appliance	_____

HVAC unit _____
System Type _____
Fuel Type _____

Kitchen Hood System _____

=====
This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended or abandoned for a period of 6 months at any time after work has commenced.

In the event the licensed contractor disclosed hereon is replaced on this project, the Coopertown Building Department shall be immediately notified. Failure to notify may result in revocation of this permit and is a violation of state law.

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.

Signature of Contractor or Authorized Agent Date Signature of Owner Date

=====
For Office Use Only: Permit# _____ Paid Cash or Check Receipt# _____