

# MECHANICAL PERMIT APPLICATION

Jurisdiction City of Adams

PHONE: 615-696-2593

ACCOUNT# \_\_\_\_\_

PERMIT# \_\_\_\_\_

Job Address					
Lot No.		Tract/Subdivision			
Owner		Address		Phone	
Contractor			Architect/Designer/Engineer		
Address			Address		
Phone			Phone		
License#			License#		
Class of Work <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Repair <input type="checkbox"/> Move <input type="checkbox"/> Remove					
Description of Work			Square Feet:		
Special Conditions					
Please call 24hrs in advance for inspection.					
R. JONES		Type of Fuel Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> LPG <input type="checkbox"/>			
Application Accepted by		Approved for Issuance by			
<b>Notice</b>  This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced.  I hereby certify that I have read and examine 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 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.		<b>Permit Fees</b>			
		No.	Type of Equipment	BTU	
			Forced Air Systems-Btu/h		
			Air-conditioning Units - Hp Ea		
			Water Heaters		
			Gas Logs		
			<b>Total BTU's</b>		
		<b>Permit</b>			
Signature of Contractor or Authorized Agent		<b>NOTES</b>			
Signature of Owner (if Owner Builder)					
<b>WHEN PROPERLY VALIDATED (IN THIS SPACE), THIS IS YOUR PERMIT</b>					

PLAN CHECK VALIDATION CK MO. CASH CC

PERMIT VALIDATION CK MO CASH CC