

BUILDING PERMIT APPLICATION FORM
MECHANICAL/HVAC
(PLAN APPROVAL REQUIRED)

CONTRACTOR NAME: _____ DATE: _____

LICENSE # (COPY OF LICENSE REQUIRED): _____

ADDRESS: _____ PHONE #: _____

OWNER NAME: _____

ADDRESS: _____ PHONE #: _____

TYPE JOB: _____ RESIDENTIAL: _____ COMMERCIAL: _____

DIRECTIONS TO JOB FROM BOYDTON: SUBDIVISION NAME: _____ LOT#: _____

COST OF TOTAL JOB (ESTIMATED): _____

NAME OF HEATING & AIR CONTRACTOR: _____

LICENSE # (COPY OF LICENSE REQUIRED): _____

INGROUND/ABOVE GROUND TANK: _____ TYPE OF FUEL: _____

TANK SIZE: _____

FIRE SPRINKLER SYSTEM: _____

COST OF FIRE SPRINKLER SYSTEM: _____

NAME OF APPLICANT: _____ PHONE #: _____

EMAIL ADDRESS: _____ CHECK IN MAIL: _____ PICK UP & PAY: _____

SIGNATURE OF APPLICANT: _____