



MECHANICAL/HVAC PERMIT APPLICATION

Incomplete applications will not be processed.

Project Address _____ Subdivision _____ Lot _____

Applicant is: Architect/engineer Contractor Owner

PROPERTY OWNER

Name		Phone	
Address	City	State	Zip
Email			

MECHANICAL CONTRACTOR

Name		Phone	
Address	City	State	Zip
Email	LSL Business License No.	St. Charles County License No.	

ARCHITECT/ENGINEER

Name		Phone	
Address	City	State	Zip
Email			

TYPE OF STRUCTURE

Check only one. Single-family residential Multi-Family Residential Commercial

CLASS OF WORK

Replace Furnace Replace Air Conditioner Repair to Central System
 Gas Electric

Size of Mechanical Room (if gas) _____

Fill in the appropriate blanks

Make	Model No.	Conn. Load	Fuel	Flue dia.	Input (BTU)	CFM	Tons	HP

PROJECT DETAILS

Estimated completion date _____ Estimated Cost of Construction \$ _____

Description of work _____

PLEASE READ AND SIGN

I certify that I am the owner in fee or agent authorized to apply for this permit, that as such I grant permission to the Building Official or his representative to enter all areas of the above mentioned property for which I have hereby made application for a building permit, that I have contracted with the above named general, mechanical, electrical, and plumbing contractors regarding performing the work, and that the cost estimates herein are true and correct, to the best of my knowledge.

APPLICANTS PRINTED NAME: _____

APPLICANT'S SIGNATURE: _____ **DATE:** _____

PLEASE DO NOT WRITE BELOW THIS LINE

Date Received: _____ Fire District: _____ Taxes Paid: Yes No

Review Fee: _____

Permit Fee: _____

Total Mechanical Permit Fee: _____

Permit Application Reviewed by: _____ Date: _____