

**APPLICATION FOR
MECHANICAL PERMIT**
FORM REV. AUG. 2005

**CITY OF SPRINGFIELD
BUILDING & ZONING DEPARTMENT
SPRINGFIELD, ILLINOIS 62701
PHONE: 217-789-2171 FAX: 217-789-2048**

PROJECT ADDRESS: _____ PERMIT #: _____

OWNER: _____

ADDRESS: _____ PHONE: _____

CONTRACTOR: _____

ADDRESS: _____ PHONE: _____

FAX: _____

BUILDING USE:

___ Industrial ___ Commercial ___ Single Family ___ Duplex ___ Multi-Family # of Units ___

Other _____

Existing: ___ New: ___ Mobile Home: ___

Square Feet of Building: _____ Number of Stories: _____

ENTER NUMBER OF NEW OR REPLACEMENT UNITS

SPLIT SYS. A/C: 0-5 TON		ROOF TOP UNIT: 0-5 TONS		BOILER	
SPLIT SYS. A/C: 6-10 TON		ROOF TOP UNIT: 6-10 TONS		MAKE UP AIR UNIT	
SPLIT SYS. A/C: EA. TON OVER 10		ROOF TOP UNIT: EA. TON OVER 10		KITCHEN EXHAUST HOOD	
ELECTRIC FURNACE		INFRARED HEATER		HAZARDOUS EXHAUST SYS.	
HEAT PUMP		UNIT HEATER		RESTROOM EXHAUST	
FORCED AIR FURNACE		RADIANT TUBE HEATER		MISC. EXHAUST	
AIR HANDLING UNIT		DUCT HEATER		DUCT/GRILL RELO. ONLY	
SPACE HEATER		COOLING TOWER/EVAPORATOR		DUCT REPLACEMENT	
GAS PIPE		GAS PIPE-MOBILE HOME		CONDENSOR REPLACEMENT	
SOLID FUEL APPLIANCE		GAS APPLIANCE		OTHER:	
OTHER:		OTHER:		OTHER:	

TYPE OF FUEL:

(CHECK ONE)

GAS

OIL

ELECTRIC

WOOD

OTHER

Project Description: _____

FEE: _____

Owner or Agent Signature: _____

FOR OFFICE USE ONLY

Date Application Received: _____

Date Issued: _____

Permit Fee \$ _____

Penalty Fee \$ _____

Total Fee \$ _____

Plans Required: Yes No

	Approved	Date	Disapproved	Date
Mechanical				
Plan Review When Plan Req.				