

**APPLICATION FOR
MECHANICAL PERMIT**
(Revised 7-27-09)

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

PROJECT ADDRESS: _____ PERMIT #: _____

SUBDIVISION OR BUS. NAME/SPACE/TENANT: _____

PROPERTY OWNER: _____

ADDRESS: _____ ZIP CODE: _____ PHONE: _____

CONTRACTOR: _____ SITE CONTACT: _____

ADDRESS: _____ PHONE: _____

BUILDING USE: _____ FAX: _____

New Commercial Exist. Single Family New Multi-Family → → → _____ Number of Units
 Existing Commercial New Duplex Exist. Multi-Family → → → _____ Number of Units
 New Single Family Exist. Duplex Mobile Home _____ Other

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- NUMBER OF OPENINGS		GAS PIPE-MOBILE HOME		CONDENSOR REPLACEMENT	
SOLID FUEL APPLIANCE		GAS APPLIANCE		WALK-IN REFRIG. EQUIP.	
OTHER:		OTHER:		REACH-IN REFRIG. EQUIP.	

TYPE OF FUEL: (CHECK ONE) GAS OIL ELECTRIC WOOD OTHER

Project Description: _____

FEE: _____

Owner or Agent Signature: _____

OR

HOMEOWNER APPLYING FOR A PERMIT: (SINGLE FAMILY DWELLING ONLY)

The Springfield Mechanical Code, Ordinance Chapter 173, Section 173, Section 173.10.06 states that when mechanical work is performed in the City of Springfield, it must be performed by an individual licensed with the City of Springfield to perform mechanical work. **The only exception to this requirement is that homeowners may perform their own mechanical work for a single family residence, provided they have the knowledge to perform the work, and provided they will reside in that residence for at least one year after the completion of the work.** If a homeowner hires the work out, it must be performed by a mechanical contractor licensed with the City of Springfield. This requirement can be beneficial to the homeowner because in order for a mechanical contractor to become licensed, he or she must have five years experience, must pass an examination, and must be bonded.

OWNER SIGNATURE: _____

FOR OFFICE USE ONLY

Date application received: _____

Date Issued: _____

Permit Fee: \$ _____

Penalty Fee: \$ _____

TOTAL FEE: \$ _____

	Approved	Date	Disapproved	Date
Mechanical				