

## \*\*Must save application to computer prior to filling in or all work will be lost\*\*

## MECHANICAL PERMIT APPLICATION

CITY OF TROY

							BP #				
JOB ADDRESS:						ASSESSORS PARCEL NUMBER, IF KNOWN:					
(number) (roa	d name)	(city)	(2	zip code)							
Point of Contact: ☐ Owner ☐ Contracto	r 🗖 Engineer	/Architect	☐ Other:								
Preferred Method of Contact: ☐ Text [	☐ Email ☐ Cal	ll P	Phone:			Email	:				
OWNER: Mailing Address:											
Phone: Cell #:				ail:							
CONTRACTOR:			Mailing A	Mailing Address:							
Phone: Cell #:		Em	Email:				License #:				
ENGINEER/ARCHITECT:			Mailing A	Mailing Address:							
Phone:	Cell #: Email:				License #:						
Use of Building (For this Permit):			Des	Describe Work:							
Class of Work: ☐ New ☐ Addition ☐ Alteration ☐ Repair ☐ Move ☐ Ren					ove		Valuation	on of Work:			
Type of Fuel: ☐ Natural Gas ☐ Oil ☐ Propane (LPG) ☐ Electric											
Description of Equipment					Qty	Each	Tota	al \$			
Residential Furnace including vents/ducts						20.00					
Residential Boilers						20.00					
Suspended, wall, floor mount or radiant heater						15.00					
Ground Loop Heat Pump or Hydronic Piping						15.00					
Gas Appliances:(dryer, range, water heater, barbecue,	/spa heater, ot	her)		15.00							
Air-Handlers (electric furnace)						15.00					
Heat pump, Air Conditioner, Evaporative Cooler						15.00					
Heat Recovery Unit				15.00							
Solid Fuel Fireplaces, Stoves, Inserts						25.00					
Chimney (flue, liner, vent)						15.00					
Ductwork						15.00					
Appliance Vents						15.00					
Gas Piping System. 1-4 outlets						10.00					
Each additional outlet over 4						2.00					
Other (non-specified equipment						15.00					
Special inspection per hour						50.00					
+ \$25 Permit Processing Fee (Minimum Fee, \$50)					<u> </u>	Total					
NOTICE: THE PERMIT APPLIED FOR WITH THIS APPLICATION BECOMES NULL AND VOID IF NO INSPECTION IS REQUESTED AND PERFORMED FOR THE WORK AUTHORIZED WITHIN 180 DAYS FROM DATE OF ISSUANCE, AND/OR IF NO INSPECTION IS REQUESTED AND PERFORMED FOR A PERIOD OF 180 DAYS FROM THE MOST RECENT INSPECTION									ND/OR IF NO		
				RECT ALL PROVI	SIONS OF LAV	VS AND ORDINANCES	GOVERNING	THIS TYPE OF WORK WI	LL BE COMPLIED WITH		
I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED 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 WITH 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.											
COMMENCEMENT OF CONSTRUCTION PRIOR TO THE ISSUANCE OF A LATAH COUNTY BUILDING PERMIT, AND PRIOR TO ZONING APPROVAL, IS DONE WITH THE UNDERSTANDING THAT ALL WORK WILL BE REMOVED IF A PERMIT IS NOT ISSUED OR IF ZONING APPROVAL IS NOT RECEIVED.											
Authorization  The applicant does hereby certify that all of the above statements are information in any attachments transmitted herewith are true, and further acknowledges that approval of this application may be revoked if it is found that any such statements are false.											
a. Signature of Applicant		b. Date			of Property	Owner (If differer	t than appl	icant)	d. Date		
a. Signature of Contractor		b. Date									