



BUILDING PERMIT APPLICATION MECHANICAL

Community Development Department
55 South State Street
(801) 525-2780

Please print legibly and complete all areas:

Project address:			
Project Value: \$		check one: <input type="checkbox"/> contract value <input type="checkbox"/> estimate	
Applicant's name:			
Applicant's Address:			
Phone:		Cell:	EMAIL:
Owner's Name:			
Owner's Address:			
Phone:		Cell:	EMAIL:
What type of work are you doing? <input type="checkbox"/> new furnace <input type="checkbox"/> new ductwork <input type="checkbox"/> new gas line <input type="checkbox"/> new gas appliance			
New Air Conditioner on roof → if checked, are you replacing an existing A/C unit?			YES NO
New Air Conditioner on the ground			
Other:			
Type of building: <input type="checkbox"/> Single Family Dwelling <input type="checkbox"/> Multi-family Dwelling _____ # of units <input type="checkbox"/> Commercial Building			
Other:			
Mechanical Contractor:		Utah State Lic. #	
Address:		Phone No:	

Applicant's signature	date
Accepted by	date