



THE CITY OF CLEBURNE

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APPLICATION FOR MECHANICAL PERMIT

Date: _____

WORK LOCATION: _____

Lot _____ Block _____ Subdivision _____

Owner	Address	Phone
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Contractor	Address	Phone
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A/C: 3 1/2 TONS OR LESS _____ 4 TONS – 7 TONS _____ OVER 7 TONS _____

HEAT: 3 1/2 TONS OR LESS _____ 4 TONS AND OVER _____

VENT FAN: 0 TO 10,000 CFM _____ RESTAURANT _____

OVER 10,000 CFM _____ RESTROOM _____

BOILER: 100,000 - 500,000 BTU _____ 500,000 - 1,000,000 BTU _____

1,000,000 – 1,750,000 _____ ABOVE 1,750 BTU _____

NOTE: IT IS THE OWNERS RESPONSIBILITY TO COMPLY WITH ANY DEED RESTRICTIONS, ADA REQUIREMENT, OR ASBESTOS SURVEYS THAT SHALL BE REQUIRED PRIOR TO CONSTRUCTION / DEMOLITION PERMIT. 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.

****FAXING THIS PERMIT DOES NOT GUARANTEE THAT IT WILL BE ISSUED****

****PLEASE CALL THE PERMIT OFFICE BEFORE MECHANICAL WORK BEGINS****

Signature: _____

Revised 1/6/10