

City of Chickasaw Building Inspection Department

224 N. Craft Hwy Chickasaw, AL 36611 Phone: (251) 380-8353

Application for Mechanical Permit

Date:	
Job Site Address:	
Contractor Name:	Primary Contact:
*Current license and insurance information m	nust be registered with the City of Chickasaw or provided with the application.
Email:	Phone:
Work description:	.
	GENERAL
Type of work (subtype – select one):	
Addition Alteration New Constru	uction Repair/Replace Residential Commercial
Was space previously air conditioned? (Y.	/N):
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REQUIRED: Estimated Cost: \$	
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ob Site Address: Contractor Name: Current license and insurance information must be registered with the City of Chickasaw or provided with the application must be registered with the City of Chickasaw or provided with the application must be registered with the City of Chickasaw or provided with the application must be registered with the City of Chickasaw or provided with the application must be registered with the City of Chickasaw or provided with the application must be registered with the City of Chickasaw or provided with the application must be registered with the City of Chickasaw or provided with the application must be registered with the City of Chickasaw or provided with the application must be registered with the City of Chickasaw or provided with the application must be registered with the City of Chickasaw or provided with the application must be registered with the City of Chickasaw or provided with the application must be registered with the City of Chickasaw or provided with the application must be registered with the City of Chickasaw or provided with the application must be registered with the City of Chickasaw or provided with the application must be registered with the City of Chickasaw or provided with the application must be registered with the City of Chickasaw or provided with the application must be registered with the City of Chickasaw or provided with the City of Chickasaw or provided with the City of Chickasaw or provided with the application must be registered with the City of Chickasaw or provided with the City of Chicka	
	HVAC DETAIL
Type of AC System being installed:	TIVAO DETAIL
	it System Package Heat Pump
	it System rackage Heat rump
	Heating Pump Oil
Type of vertifications (QTT) Grease Hoods_	Heat Hoods All liltakes Extlaust Falls
	UNIT INFORMATION
Efficiency Poting FFD 00D	CEED LIONE
Fireplace # of units:	Refrigeration: # of units: Total HP:
I hereby acknowledge that I have read this	s application and state that the above information is correct. I also agree
to confirm with all City Ordinances regula	iting the installation of mechanical work equipment.
Applicant Signature	Date