## **MECHANICAL PERMIT APPLICATION**

City of Vinton, Iowa

Applicant to complete numbered spaces only. JOB ADDRESS

		I TD A OT					
LEGAL LOT NO.	BLK.	TRACT					
DESCR.		MAII APPRESS		710	PLIONE		
OWNER 2		MAIL ADDRESS		ZIP	PHONE		
2 CONTRACTOR MAIL ADDRESS 3 ARCHITECT OR DESIGNER MAIL ADDRESS 4				PHONE	LICENSE NO.		
				PHONE			
				PHONE			
				FIIONE			
ENGINEER MAIL ADDRESS 5				PHONE	LICENSE NO.		
LENDER MAIL ADDRESS				BRANCH			
6							
USE OF BUILDING						_	
7							
8 Class of work: NE	EW ADDITION	ALTERATION	REPAIR				
							1
9 Describe work:							
10 Value							
10 Value:							
			Type of	Fuel: Oil • Nat. G	as 0 <b>LPG</b> •		
			,,		RMIT FEES		
SPECIAL CONDITIONS:			No.	Type of Equip	oment	F	ee
				Forced Air Systems—RtuM	M Ea.	\$	
				Gravity Systems—Btu/h	M Ea.		
				Floor Furnaces			
				Wall Heaters			
				Unit Heaters			
APPLICATION ACCEPTED BY	PLANS CHECKED BY	APPROVED FOR ISSUANCE BY		Gas-fired A.C. Units-Btu/h			
				Air-cond. Units—Hp Ea.			
				Refrigeration Units—Hp Ea.			┙
	NOTICE	NOTICE		Boilers—Hp Ea.			
THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITH 180 DAYS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS COMMENCED. IT IS THE DUTY OF THE PERSON DOIN THE WORK AUTHORIZED BY A PERMIT TO NOTIFY THE BUILDING OFFICIAL THAT SUCH WORK IS READY FOR INSPECTION. 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				Air-handling Unit—	C.F.M.		4
				Evaporative Coolers			4
				Ventilation Fan			┵
				Range Hood			4
				Incinerator			4
				Clothes Dryers			4
VIOLATE OR CANCEL THE PROVISION							+
CONSTRUCTION.							+
							+
							+
			-				+
SIGNATURE OF CONTRACTOR OR AUTHO	PRIZED AGENT	(DATE)	1				+
			-		DEDMIT		+
			<u> </u>		PERMIT TOTAL FEE	\$ \$	+
SIGNATURE OF OWNER AIF OWNER BUILDE		(DATE)	10.00:	OE) THIS IS YOUR REC			
DI AN OLIFOIC VALUE ATIO:		•		(CE) THIS IS YOUR PERMI			_
PLAN CHECK VALIDATION	CK.	M.O. CASH	PERM	MIT VALIDATION	CK. M.O.	CASH	ı