

BUILDING REGULATIONS
CITY OF ST. JOSEPH, MISSOURI

APPLICATION FOR MECHANICAL PERMIT

DATE : _____ PERMIT NUMBER: _____ LICENSE NUMBER: _____

LOCATION: _____ OWNER: _____

TYPE OF BUILDING: _____ Use: _____

TO BE COMPLETED ABOUT: _____ Estimated Cost: _____

New Alteration Repair Addition Replace

Contractor's Name: _____ Contractor's Address: _____
City: _____ State: _____ Zip: _____ Phone No: _____

Type of Equipment	BTU	HP	CFM	NUMBER	FEE
Furn Gas 80 +					
Furn Gas 90 +					
Furn Elect					
Heat Pump					
AC Unit Tons					
Boiler					
Unit Heater					
Room Heaters					
Floor Furn Gas					
Air Handling					
Roof Top Units					
Fireplace					
Range Hood					
Exhaust Fans					
Sprinkler Systems					
Fire Supression Systems					
Plan Review					
Manufacturer's Instructions					
Flue Liner Required					
Other					
Total Fee					#Error

I hereby affirm as the owner, or owners appointed agent, the above statements are true and correct and I agree to comply with the provisions of applicable codes, ordinances and laws.
SUSPENSION OF PERMIT: Any permit issued shall become invalid if the authorized work is not commenced within six months after issuance of the permit, or if the authorized work is suspended or abandoned for a period of six months after the time of commencing the work. Special extensions may be granted by the Building Regulations Supervisor upon request. Permission is hereby granted to perform the work included in this application.

Signature of Contractor or his
Authorized Represenative

Signature of Mechanical Inspector

Applicant Finance Office Inspector