

INGLESIDE ON THE BAY
MECHANICAL PERMIT

JOB ADDRESS _____

BLOCK NUMBER _____ LOT NUMBER(S) _____ FLOOD ZONE YES NO

OWNER _____ MAILING ADDRESS _____

PHONE _____ FAX _____

CONTRACTOR _____ MAILING ADDRESS _____

PHONE _____ FAX _____

CLASS OF WORK: () NEW () ADDITION () ALTERATION () REPAIR () MOVE () REMOVE

DESCRIBE WORK: _____

TOTAL SQUARE FEET _____

SPECIAL CONDITIONS: _____

VALUATION OF WORK \$ _____

NOTICE

CONSTRUCTION MUST MEET ALL FEMA REQUIREMENTS AND THE TEXAS WINDSTORM RESISTANT CONSTRUCTION CODE. SEPARATE PERMITS ARE REQUIRED FOR BUILDING, ELECTRICAL, PLUMBING AND GAS. THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER IT IS COMMENCED; OR IF UNAUTHORIZED VARIATIONS FROM THE APPROVED CONSTRUCTION PLANS ARE MADE.

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 VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER FEDERAL, STATE OR LOCAL LAWS REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

Type of Fixture or Item

number

_____ A/C & HEATING UNITS WITH DUCT WORK

_____ A/C CONDENSER UNIT

_____ A/C CONDENSER UNIT OVER 5 TONS

_____ FURNACE

APPROVED BY: _____

SIGNATURE OF OWNER OR CONTRACTOR /AUTHORIZED AGENT _____

DATE: _____

*****OFFICE USE ONLY*****

FEE TOTAL CHECK # CASH