

**CITY OF SPRING VALLEY VILLAGE
MECHANICAL PERMIT APPLICATION
713-465-8308 or Fax 713-461-7969**

**A REINSPECTION FEE (\$50.00) WILL BE CHARGED IF INSPECTOR DOES NOT FIND
A COPY OF THE VALIDATED PERMIT POSTED ON THE JOB SITE.**

JOB ADDRESS:		MASTER PERMIT #	
OWNER:	MAILING ADDRESS		TELEPHONE
CONTRACTOR	MAILING ADDRESS		TELEPHONE LICENSE #
CLASS OF WORK :	NEW	ADDITION	ALTERATION REPAIR
DESCRIBE WORK:			
USE OF BUILDING:			
SPECIAL CONDITIONS:			
PLANS CHECKED BY:		APPROVED FOR ISSUANCE BY:	
<u>TYPE OF EQUIPMENT</u>	<u>NUMBER</u>	<u>TYPE OF EQUIPMENT</u>	<u>NUMBER</u>
A. C. Units - HP Each	_____	Forced Air Systems - Btu/h	_____
A.C. Units - Gas Fired - Btu/h	_____	Gravity Systems - Btu/h	_____
Air Handling Unit CFM	_____	Heaters-Wall	_____
Boilers - HP Each	_____	Heaters-Unit	_____
Clothes Dryer	_____	Range Hood	_____
Evaporative Coolers	_____	Refrigeration Units - HP Each	_____
Floor Furnaces	_____	Ventilation Fan	_____
NOTICE			
THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS .			
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 STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.			
_____ SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT		_____ DATE	
_____ SIGNATURE OF OWNER (IF OWNER BUILDER)		_____ DATE	