



**SPRING VALLEY**  
VILLAGE

**BUILDING PERMIT APPLICATION (MECHANICAL)**

**PROPERTY/OWNER INFORMATION**

Project Address:	Master Permit#:
Owner Name:	Phone#:
Owner Address:	

**CONTRACTOR INFORMATION**

Contractor Name:	Phone#:
Contractor Address:	
Email:	License#:

**PROJECT INFORMATION**

Class of Work:     New         Addition         Alteration         Repair

Describe Work:

	Quantity		Quantity
<input type="checkbox"/> A.C. Units (HP each)	_____	<input type="checkbox"/> Range Hood	_____
<input type="checkbox"/> A.C. Units (Gas Fired, Btu/h)	_____	<input type="checkbox"/> Forced Air Systems (Btu/h)	_____
<input type="checkbox"/> Air Handling Unit (CFM)	_____	<input type="checkbox"/> Gravity Systems (Btu/h)	_____
<input type="checkbox"/> Boilers (HP each)	_____	<input type="checkbox"/> Heaters (wall)	_____
<input type="checkbox"/> Dryer	_____	<input type="checkbox"/> Heaters (unit)	_____
<input type="checkbox"/> Evaporative Coolers	_____	<input type="checkbox"/> Refrigeration Units (HP each)	_____
<input type="checkbox"/> Floor Furnaces	_____	<input type="checkbox"/> Ventilation Fan	_____

**PROPERTY OWNER/AGENT AUTHORIZATION**

**Property Owner Consent/Agent Authorization:** By my signature, I hereby affirm that I am the property owner of record, or if the applicant is an organization or business entity, that authorization has been granted to represent the owner, organization or business in this application. I certify that the preceding information is complete and accurate, and it is understood that I agree to the application being requested for this property. Additionally, my signature below indicates my awareness of the fee required at the time of the application submittal and any additional fees as noted in the City's fee schedule. This fee is non-refundable even in the event of application withdrawal. I have the power to authorize and hereby grant permission for City of Spring Valley Village officials to enter the property on official business as part of the application process. Separate applications need to be made and permits required for driveway, electrical, ventilating or air conditioning work.

Signature of Contractor/Authorized Agent \_\_\_\_\_ Printed Name \_\_\_\_\_ Application Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

Building Permit Number: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date Approved: \_\_\_\_\_

**NOTE: Only complete applications shall be accepted and payment received at time of submission.**