

**DELAWARE COUNTY  
APPLICATION FOR MECHANICAL PERMIT**

12/16/19

Date: \_\_\_\_\_ Permit Number: \_\_\_\_\_

Project Name: \_\_\_\_\_

Project Location: \_\_\_\_\_ Lot: \_\_\_\_\_

Between: \_\_\_\_\_ and \_\_\_\_\_

City/Village: \_\_\_\_\_ Zip: \_\_\_\_\_ Township: \_\_\_\_\_

Owner: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

Contractor: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

**Site Contact:** \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**Email** \_\_\_\_\_

---

**How Occupied:** Single family \_\_\_\_\_ Two family \_\_\_\_\_ Three family \_\_\_\_\_

Multi-family \_\_\_\_\_ (#. of units \_\_\_\_\_) Commercial/ Industrial \_\_\_\_\_ OBC Const. Type \_\_\_\_\_

New construction \_\_\_\_\_ Addition \_\_\_\_\_ Alteration \_\_\_\_\_

**Total Square Footage** \_\_\_\_\_ (include basements) (include garages if conditioned )

---

Heating system: New \_\_\_\_\_ Replacement \_\_\_\_\_ Conversion \_\_\_\_\_ Furnaces \_\_\_\_\_ (#)

Type of Fuel \_\_\_\_\_ Air Handlers \_\_\_\_\_ Hot Water Boilers \_\_\_\_\_ Roof Top Units \_\_\_\_\_ A.C. Units \_\_\_\_\_ (#)

Infra-Red Radiant Heaters \_\_\_\_\_ Unit Heaters \_\_\_\_\_ Pre-Fab Fireplace(s) \_\_\_\_\_ Refrigeration \_\_\_\_\_

(#) Ceiling Cable \_\_\_\_\_ Ray Board \_\_\_\_\_ Grease Hoods \_\_\_\_\_ Duct Work Only \_\_\_\_\_

Certification: I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to the regulations and all applicable codes and laws of the State of Ohio and the County of Delaware.

---

Signature of Owner/Agent \_\_\_\_\_ Print or Type Name Here \_\_\_\_\_ Date \_\_\_\_\_

**COMMERCIAL ONLY:**

I hereby certify that by signing this, I understand the current state licensing requirements for all commercial specialty contractors as regulated by Ohio Construction Industry Examining Board.

Licensed: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ State License # \_\_\_\_\_

Signature of Contractor \_\_\_\_\_ Date: \_\_\_\_\_

(Commercial Specialty Contractors Only)