

**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, including the Department of Building Safety Virtual Inspection Program.

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)