DELAWARE COUNTY
APPLICATION FOR MECHANICAL PERMIT
8/20/26

Date: _____ Permit Number: _____

Project Location: _____Lot: _____

Between: _____and _____

City/Village: _____ Zip: _____ Township: _____

Owner: _____Phone: ( )_____

Email:_____

Address: _____

Contractor: _____Phone: ( )_____

Address: _____ Email: _____

Site Contact: _____Phone: ( )_____

Email _____

How Occupied: Single family _____ Two family _____ Three family _____

Description of Work_____

Total Sq. Ft. (Area of Work) _____(include basements) (include garages if Conditioned)

Heating system: New _____ Replacement_____ Conversion _____

Indicate Number of Units: Furnace_____ Air Handler_____ Hot Water Boiler_____

A/C Unit_____ Infra-Red Radiant Heater_____ Unit Heater_____ Pre-Fab Fireplace_____

Duct Work Only_____ Type of Fuel_____

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