



CITY OF BAYTOWN MECHANICAL PERMIT APPLICATION

MECHANICAL PERMIT NO. _____

BUILDING PERMIT NO. _____

ADDRESS OF PROJECT: _____ SUBDIVISION: _____

OWNERS NAME: _____ PHONE: (____) _____

OWNERS ADDRESS: _____

CITY _____ STATE _____ ZIP _____

CONTRACTOR NAME: _____ PHONE: (____) _____

STREET ADDRESS: _____

CITY _____ STATE _____ ZIP _____ STATE LICENSE NUMBER _____

RESIDENTIAL

COMMERCIAL

MANUFACTURED HOME

COST OF IMPROVEMENT \$ _____ Sq. Ft. OF BUILDING: _____

DESCRIPTION OF IMPROVEMENT: _____

QTY	
	Boilers, _____ BTU
	Chillers
	Duct Work
	Exhaust Fans
	Furnaces
	HVAC Unit(s), _____ Tons Per Unit
	Refrigeration Units
	Type I Kitchen Hood
	Type II Kitchen Hood
	Ventilation Systems
	Other

ADDRESS NUMBERS MUST BE POSTED DURING CONSTRUCTION AND PERMANENTLY AT TIME OF FINAL INSPECTION.

MASTER LICENSE SIGNATURE _____ DATE _____

APPLICANTS PRINTED NAME _____

I, _____, do hereby certify that I am the homeowner, residing in the home,

and accept full responsibility for the above described work.

HOMEOWNER
SIGNATURE _____

DATE _____