

MECHANICAL PERMIT APPLICATION
CITY OF DERBY, KANSAS

Permit # _____ Date: _____ Job Cost \$ _____

AC/Furnace C/O or Replacement:

Flat Fee of \$25.00
(No Issuance Fee)

Permit Fee: \$ _____
Issuance: \$ _____ 25.00
TOTAL: \$ _____

ADDRESS OF WORK: _____ UNIT# _____

PROPERTY OWNER OR BUSINESS: _____

MECHANICAL COMPANY _____

COMPANY ADDRESS: _____
Street City Zip

LICENSE NUMBER _____ PHONE NUMBER _____

FAX NUMBER _____ MOBILE # (if applicable) _____

PROJECT DESCRIPTION

(ONE OR MORE ITEMS MAY BE CHECKED)

Type of Work: New Replacement

Type of Installation:

<input type="checkbox"/> Forced-air furnace	<input type="checkbox"/> Gravity-type furnace	<input type="checkbox"/> Floor Furnace
<input type="checkbox"/> Suspended heater	<input type="checkbox"/> Wall heater	<input type="checkbox"/> Floor-mounted heater
<input type="checkbox"/> Vent (not new install)	<input type="checkbox"/> Refrigeration	<input type="checkbox"/> Cooling unit
<input type="checkbox"/> Boiler	<input type="checkbox"/> Compressor	<input type="checkbox"/> Vent Fan
<input type="checkbox"/> Hood	<input type="checkbox"/> Mechanical Exhaust	
<input type="checkbox"/> Fireplace # _____	<input type="checkbox"/> Other _____	

Heating Type:
(may be more than one) Gas Elect. Oil Solar Hot Water Heat Pump
 Other _____

BRIEFLY DESCRIBE THE PROPOSED WORK:

Qualified/Licensee Signature

Date