



Town of Pantego
 1614 S. Bowen Rd., Pantego, TX 76013
 (817)617-3700 or (817)617-3726 Fax
info@townofpantego.com

MECHANICAL PERMIT APPLICATION

PROPERTY INFORMATION

Project Address: _____ Suite: _____

PROPERTY OWNER INFORMATION

Owner Name: _____ Phone: _____

Address: _____ Suite: _____

City: _____ State: _____ Zip Code: _____

CONTRACTOR INFORMATION

Company Name: _____ Website: _____

Address: _____ Suite: _____

Phone: _____ Fax: _____ Email: _____

TX Driver's License #: _____ State HVAC License #: _____

Town of Pantego Contractor Registration #: _____ Expiration: _____

AUTHORIZATION

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local ordinances regulating construction, the performance of construction or the use of any land or buildings.

Print Name of Applicant: _____ Date: _____

Signature of Applicant: _____

Applicant is: Contractor Homeowner Authorized Agent

For future reference: your permit application number is: _____. The review of your application will not start until all appropriate review fees have been paid, addresses verified and correct number and types of plans received.

FOR OFFICE USE ONLY

PERMIT 1217 \$ _____ PLAN REVIEW 1990 \$ _____	RECEIVED BY: _____ TIME & DATE: _____ BUILDING INSPECTOR APPROVAL: _____
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PAID Plan Review: YES NO N/A – date: _____ receipt #: _____

PROJECT INFORMATION

ALL APPLICATIONS FOR NEW AND REPLACEMENT SYSTEMS MUST INCLUDE:

- 1. DESIGN CRITERIA AND CALCULATIONS;**
- 2. EQUIPMENT TYPE, SIZE AND EFFICIENCY;**
- 3. TYPE AND DESCRIPTION OF CONTROLS; AND**
- 4. ALL OTHER SPECIFICATIONS AND DESCRIPTIONS NECESSARY.**

Is Project Work in Conjunction with an existing Building Permit: **YES** **NO**

IF YES: Please provide the Building Permit # _____; **and** check which type of permit:

Addition New Construction New Construction - Shell Interior Finish Remodel/Alt./Repair

IF NO: Please check one: New/Upgrade Repair/Replace Existing

and provide the following information:

Estimated value of the project work? _____

Are you Installing or Replacing a Complete HVAC System: **YES** **NO**

IF YES: How many up to and including 10 ton: _____

How many over 10 tons: _____

Are you Installing or Replacing Component(s) of an HVAC system: **YES** **NO**

IF YES: How many: _____

Are you Installing or Replacing any of the following:

Chiller Unit **YES** **NO** How many: _____

Cooling Tower **YES** **NO** How many: _____

Compressor **YES** **NO** How many: _____

Evap./Air-Cooled Condenser **YES** **NO** How many: _____

Are you Installing or Replacing a complete Commercial Vent Hood System: **YES** **NO**

IF YES: How many: _____

Are you Installing or Replacing a Commercial Vent Hood System Component: **YES** **NO**

IF YES: How many: _____