

City of Garfield Heights

5407 Turney Rd.

Garfield Heights, Ohio 44125

Voice (216) 475-3835 Fax (216) 475-6081

Mechanical Permit Application

Applicant

Name _____

Address _____

Phone _____ Fax _____

I hereby acknowledge that I have read this application, that the information given is correct, and that I am the owner or the duly authorized agent of the owner. I agree to comply with City and State laws regulating construction. I agree that this installation is subject to the inspection and approval of the Building Inspector and that I will call for all required inspections.

Sign: _____

Work Location

Address _____

Owner _____

Address _____

Phone _____ Fax _____

Description of Work:

Residential New or Replacement Installation:

Furnace: _____

A/C (tonnage): _____

Unit or Space Heaters: _____

Kitchen Hoods: _____

Attic Exhaust Fans: _____

Bathroom Exhaust Fans: _____

Ductwork Alterations: _____

Humidifier/Air Filter/flue device: _____

Commercial Work:

Rooftop Combination # of Units: _____

Furnace/Boilers: _____

A/C (tonnage): _____

Refrigeration for Food/Beverage storage: _____

Kitchen Hood Systems: _____

Valuation of Hood System: \$ _____

of Unit or Space Heaters: _____

Ductwork Alterations: _____

of Make Up or Circulating Air Handlers: _____

Gas Infrared appliances:

Up to 50,000 BTU: _____

Over 50,000 BTU: _____

Building Official Signature:
