



CITY OF HUMBLE MECHANICAL PERMIT APPLICATION

APPLICANT TO COMPLETE NUMBERED SPACES ONLY

JOB ADDRESS:				NAME OF ESTABLISHMENT:			PROPERTY OWNER	JOB ADDRESS	
1. LEGAL DESCRIPTION:	LOT NO:	BLOCK:	TRACT:						
2. BUILDING OWNER:	MAILING ADDRESS:		CITY	ZIP	PHONE NUMBER				
3. MECHANICAL CONTRACTOR:	MAILING ADDRESS		CITY	ZIP	PHONE NUMBER				
4. BUILDING CONTRACTOR:	MAILING ADDRESS		CITY	ZIP	PHONE NUMBER				
5. USE OF BUILDING:									
6. CLASS OF WORK <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR <input type="checkbox"/> REPLACE LIKE FOR LIKE									
7. DESCRIBE WORK:									
<p style="text-align: center;"><u>NOTICE</u></p> <p>THIS PERMIT BECOMES NULL AND VOID AFTER 6 MONTHS OF CONSTRUCTION INACTIVITY.</p> <p>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 LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.</p> <p>_____ SIGNATURE OF STATE OF TEXAS LICENSE HOLDER DATE</p> <p>_____ SIGNATURE OF OWNER (IF HOMEOWNER) DATE</p>				TYPE OF FUEL <input type="checkbox"/> NAT. GAS <input type="checkbox"/> LPG.					
				NO.	TYPE OF EQUIPMENT				
					AIR COND. UNITS - TONNAGE				
					REFRIGERATION UNITS				
					FORCED AIR SYSTEMS - B.T.U.				
					GRAVITY SYSTEMS - B.T.U.				
					WALL HEATERS - B.T.U.				
					UNIT HEATERS - B.T.U.				
					SPECIAL FUEL BURNING EQUIPMENT				
					VENTILATION FAN				
					RANGE HOOD				
					AIR HANDLING UNIT -			C.F.M.	
					RESTAURANT VENT HOOD				
					MISC.				
				COST OF INSTALLATION			\$		
BLDG. CONST. COST			\$						
PERMIT FEE			\$						

BLDG. PERMIT# _____
DATE ISSUED: _____

HVAC PERMIT# _____
DATE ISSUED: _____