



Application for Mechanical Permit

Building Department Hours

Permit No. _____

8am to 3pm Monday through Friday
 440-235-4225

Date Issued _____

Section 1- General Information

Date _____

PLEASE PRINT OR TYPE

Estimated Cost of Project _____

Address of Construction _____

Owner's Name _____ Phone _____

Owner's Address _____

Contractor _____ Business Phone _____

Contractor's Address _____

Street City State Zip

Email: _____

Section 2-Description of Property and Project

| Type of Structure | Type of Installation | # of units | Venting Information | # of units |
|---|---|------------|---|------------|
| <input type="checkbox"/> Single Family | <input type="checkbox"/> Furnace | _____ | <input type="checkbox"/> Existing Chimney | _____ |
| <input type="checkbox"/> Two Family | <input type="checkbox"/> Duct Work ft. | _____ | <input type="checkbox"/> Inside | _____ |
| <input type="checkbox"/> Three Family | <input type="checkbox"/> Hot Water Boiler | _____ | <input type="checkbox"/> Outside | _____ |
| <input type="checkbox"/> Apartment | <input type="checkbox"/> Steam Boiler | _____ | <input type="checkbox"/> Type-B Metalbestos | _____ |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Air Conditioner | _____ | <input type="checkbox"/> Type-A Metalbestos | _____ |
| Type of Work | (site plan required) | | <input type="checkbox"/> Reline Chimney | _____ |
| <input type="checkbox"/> New Structure | <input type="checkbox"/> Air Handler | _____ | <input type="checkbox"/> Direct Vent | _____ |
| <input type="checkbox"/> Addition | <input type="checkbox"/> Thru the wall heater | _____ | | |
| <input type="checkbox"/> Alteration | <input type="checkbox"/> Unit Heater | _____ | | |
| <input type="checkbox"/> Repair | <input type="checkbox"/> Gas Logs | _____ | | |
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Wood Burning Unit | _____ | | |
| <input type="checkbox"/> Replacement | <input type="checkbox"/> Roof Top Unit | _____ | | |
| <input type="checkbox"/> Other (describe) | <input type="checkbox"/> Replacement | _____ | | |
| | <input type="checkbox"/> New (plans required) | _____ | | |
| | <input type="checkbox"/> Exhaust Fan | _____ | | |
| | <input type="checkbox"/> Hood Fan | _____ | | |
| | <input type="checkbox"/> Refrigeration | _____ | | |
| | <input type="checkbox"/> Cooling Tower | _____ | | |
| | <input type="checkbox"/> Other | _____ | | |

Specifications

- Make _____
- BTU Input _____
- Tonnage _____

For A/C condensing units, site plan showing unit location(s), distance to property lines, etc., must be submitted on a separate sheet

Additions, remodels and new construction are required to provide a complete description of the mechanical work, including: location and type of heating, ventilation, air conditioning, and other mechanical equipment; materials, general routing and sizes of all ductwork, vents, louvers and routing of all ductwork including insulation R-values.

Contractor is required to schedule a rough-in inspection before any concealment. By signing the application, the applicant certifies that the installation will comply with the regulations of the Olmsted Township Building Code and State Codes.



TO THE BUILDING COMMISSIONER: This application is submitted for a permit to erect, add to, alter or repair a structure as described in this application and any drawings which accompany it. The acceptance of the permit shall be considered an agreement on the part of the applicant or his agents to comply with the Building and Zoning codes of the Township of Olmsted Township, or other orders, requirements or specifications slated in the permit. In signing this application, the contractor or owner's agent certifies that the work is authorized by the owner or record.

Applicant's Signature _____ Print Name _____ Date _____

Email: _____

Applicant is: Owner Contractor Owner's Agent

***2 COPIES OF PLANS REQUIRED TO BE SUBMITTED WITH APPLICATION**

DO NOT WRITE BELOW THIS LINE

Section 3-Additional Requirements (to be filled out by staff)

Reference building permit number _____

Section 4-Approval and Fees

Permit Fee: _____
Electrical Fee: _____
Mechanical Fee: _____
Trade Fee: _____
Site Fee: _____
Other Fee: _____
Engineer Fee: _____
Plan Review Fee: _____
Ohio BBS 1% OR 3% Fee: _____ (circle to indicate)
Total Fee Due: _____

Building Official _____ Date _____

Amount _____ Check# _____