

CITY OF HAMBURG

PAGE 2

MECHANICAL PERMIT _____

PLUMBING PERMIT _____

FOR PERMIT ISSUANCE

PAGE 1 and PAGE 2 should be complete

MECHANICAL INFORMATION

Mechanical Contractor:			Address:		
City:	State:	Zip:	Phone:	Fax:	
State Bond No:			Contact Name:		
Email:			Contact Phone:		

Detailed Description of Work:

Indicate type of project, fixtures, and Gas Lines you will be installing or replacing (include count for each type of fixture):

MECHANICAL FIXTURES		GAS LINES	
<u>Quantity</u>	<u>Quantity</u>	<u>Quantity</u>	<u>Quantity</u>
_____ Furnace	_____ Kitchen Fan	_____ Furnace	_____
_____ Air Conditioning System	_____ Bath Fan	_____ Fireplace	_____
_____ Air Exchanger	_____ Grill	_____ Unit Heater	_____
_____ Fireplace	_____	_____ Water Heater	_____
_____ Unit Heater	_____	_____ Grill	_____
_____ In Floor Heat	_____	_____ Dryer	_____
_____ Gas Log	_____	_____ Stove	_____

- Replacement (one fixture only, no piping or vent changes)
- Addition/Remodel
- New Construction
- Other _____

Office Use Only:

Mechanical Permit Fee: \$ _____
Gas Line Permit Fee: \$ _____
State Surcharge: \$ _____ 1.00
Other: \$ _____
Total Mechanical Permit: \$ _____

PLUMBING INFORMATION

Plumbing Contractor:			Address:		
City:	State:	Zip:	Phone:	Fax:	
Plumbers License No:			State Bond No:		
Contact Name:			Contact Phone:		
Email:					

Detailed Description of Work:

Indicate type of project and fixtures you will be installing or replacing (include count for each type of fixture):

PLUMBING FIXTURES		
<u>Quantity</u>	<u>Quantity</u>	<u>Quantity</u>
_____ Water Heater	_____ Shower	_____ Laundry Tub
<input type="checkbox"/> Gas <input type="checkbox"/> Electric	_____ Dishwasher	_____ Rough-In Future Fixture
_____ Water Softener	_____ Clothes Washer	_____ Sump
_____ Lawn Sprinkler System	_____ Ice Maker Line	_____ Water Piping System
_____ Water Closet (Toilet)	_____ Hose Bib	_____ Floor Drain
_____ Lavatory (Wash Basin)	_____ Bathtub	_____

- Replacement (one fixture only, no piping or vent changes)
- Addition/Remodel
- New Construction
- Other _____

Office Use Only:

Plumbing Permit Fee: \$ _____
State Surcharge \$ _____ 1.00
Other: \$ _____
Total Plumbing Permit: \$ _____