



MECHANICAL PERMIT APPLICATION

Date:		Permit #:	
Permit Address:			
Current Legal Description:	Block/Abstract:	Lot/Tract:	Addition/Survey:

PROPERTY OWNER INFORMATION

First Name: or		Middle:		Last Name:	
Company Name:					
Address:			City:	State:	Zip:
Phone:	Fax:	Email:		Mobile:	

CONTRACTOR INFORMATION

First Name:		Middle:		Last Name:	
Company Name:					
Address:			City:	State:	Zip:
Phone:	Fax:	Email:		Mobile:	

PERMIT INFORMATION

Property Use: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial	Construction Value:
I have the owner's consent to perform this work? <input type="checkbox"/> YES <input type="checkbox"/> NO	Briefly describe work to be done:

PERMIT REQUIREMENTS

The following guidelines apply for this permit:		
1) All mechanical work must be performed in accordance with the 2012 International Mechanical Code and all Lake Worth Ordinance(s). 2) Inspections must be requested as required. 3) Permit and inspection fee is determined by fee chart (<i>reinspection fees may be assessed as necessary</i>)		
FEE CHART		
Replace/Install Complete System: \$60.00	Type I & II Kitchen Hood: \$50.00	Miscellaneous Mechanical (<i>not noted</i>): \$50.00

This permit, once issued, expires by limitation 180 days from the date of issuance unless construction is commenced and inspection approval is obtained within 180 days of issuance. The authority having jurisdiction shall be permitted to grant an extension of the permit time period for an additional 180 days upon written documentation by the permittee of a satisfactory reason for failure to start or complete the work or activity authorized by the permit. **Only one extension will be allowed. I understand that all permits require a final inspection.**

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 of the performance of construction.

Applicant Signature:	Date:
Printed Name:	Application Received By:

OFFICE USE ONLY

REQUIRED APPROVAL SIGNATURES

Permit application has been reviewed and is released for construction.

DEPARTMENT	SIGNATURE	APPROVAL DATE
BUILDING DEPARTMENT		

PAYMENT INFORMATION

Fee: \$	Date Paid:	Receipt #:
Permit Filed Date:	Permit Expiration Date:	Permit Completion Date:

Comments/Notes: