MECHANICAL PERMIT APPLICATION

City of Elkhart, Indiana 229 S. 2nd Street, Elkhart, IN 46516 Mechanical Inspector: Ron Glick (574)294-5471 ext. 1002

	OFFICE USE ONLY
PERMIT #:	
ALT PARCEL #:	
DATE ISSUED:	
ACCEPTED BY:	

(574)294-54	471 ext. 1002				
PROPERTY OWNER INFORMATION					
Owner's Name:					
Phone #:	Owner's Email Address:				
Is Owner the Applicant?	☐ Yes ☐ No				
	PROPERTY	'INFORMATION			
Property Address:		# of Units:	# of Stories:		
Occupancy:		How long has it been occupied/vacant?			
	DESCRIPTION OF	WORK INFORMATION			
Is this part of a larger projec	ct And/Or are you a subcon	tractor for a larger project?	☐ Yes	☐ Nc	
Description of Work:					
-		p Units count as 1 Furnace ar	<u>nd 1 Air Condit</u>	<u>ioner)</u> :	
Furnace, Unit Heater, Tube		Air Conditioner:			
Thru 200,000 BTUs: \$40/each		Thru 10 HP: \$40/each			
200,001 - 1,000,000 BTUs: \$65/each		11 - 100 HP: \$65/each			
Over 1,000,000 BTUs:	\$100/each	Over 100 HP: \$100/each			
Air Handler, Ducted Fan, E	xhaust Fan:	Boiler:			
Under 200 CFM: No Fee		Thru 100,000 BTUs: \$40/each			
200 - 10,000 CFM: \$40)/each	200,001 - 1,000,000 BTUs: \$65/each			
10,001 - 100,000 CFM:		Over 1,000,000 BTUs: \$100/each			
Over 100,000 CFM: \$1	00/each	Hydronic Fan Coil: \$	10/each		
Heat Pump, Mini-Split:		Incinerator:			
0 - 5 HP: \$40/each		Thru 10 Bushels: \$40/each			
Over 5 HP: \$65/each		Over 10 Bushels: \$65/each			
Refrigeration Unit, Walk-i	n Cooler:	Miscellaneous Equipme	nt:		
Thru 10 HP: \$40/each		Cooling Tower: \$40			
111 - 100 HP: \$45/each		Commercial Kitchen Exhaust System: \$50/each			
Over 100 HP: \$100/ea		Replacement Vent/Flue: \$40/each			
	.	Gas/Oil Conversion:			
		Gas Pressure Test: \$40/each			
		, 			
	· ·	lled in conjunction with the in		<u>ew equipment</u>	
• • •	•	not require an additional per	<u>mıt.</u>		
		665, Over 50 Outlets: \$100			
Gas Piping: 1-20 Outlets: \$40, 21-50 Outlets: \$65, Over 50 Outlets: \$100					
Hydronic Piping: 1-	20 Outlets: \$40, 21-50 Ou	utlets: \$65, Over 50 Outlets	: \$100		

AUTHORIZED USER/APPLICANT INFORMATION (complete below information if you are NOT the Licensee)			
Authorized User N	ame:		
Phone #:	Authorized User Email Address:		
	CONTRACTOR INFORMATION		
Licensee Name:			
Company Name:			
accordance with all codes	responsibility as the holder of this permit to request all inspections, further, I agree that all work, materials and construction shall be in and ordinances adopted by the State of Indiana and the City of Elkhart. I hereby certify that all information that I have given herein is pest of my knowledge and belief and that any false statement will be cause for voiding this application and permit.		
INSTALLATION IS BEING N	DAVIT (FOR RESIDENTIAL PERMITS ONLY AND MUST BE APPROVED BY MECHANICAL INSPECTOR): THIS MADE ON A SINGLE FAMILY DWELLING THAT I OWN & OCCUPY OR INTEND TO OCCUPY, WHICH IS NOT INTENDED FOR SALE, LEASE, S WORK WILL BE COMPLETED BY THE UNDERSIGNED HOMEOWNER.		
Licensee Signature			