

MECHANICAL PERMIT APPLICATION

Building Dept
172 N 2nd St
Decatur IN 46733

office 260.724.3814
fax 260.724.9104

permit _____
date _____

PROJECT ADDRESS _____

SUBDIVISION _____ LOT _____

APPLICANT NAME _____ PHONE _____

ADDRESS _____

EMAIL _____ CELL _____

OWNER NAME _____ PHONE _____

ADDRESS _____

ELECTRICIAN _____ PHONE _____

ADDRESS _____

HEATING/AIR _____ PHONE _____

ADDRESS _____

PLUMBER _____ PHONE _____

ADDRESS _____

OTHER _____ PHONE _____

ADDRESS _____

ESTIMATED COSTS BREAKDOWN (LIST DOLLAR AMOUNTS):

ELEC _____ HVAC _____ PLUMBING _____ OTHER _____

DESCRIBE WORK TO BE DONE: _____

TOTAL # SMOKE DETECTORS (HARD WIRED & BATTERY) _____

WATER HEATER TYPE _____ LOCATION _____

HEATING SYSTEM _____ LOCATION _____

ELECTRIC SERVICE SIZE _____ LOCATION _____

SUBPANEL SIZE _____ LOCATION _____

Permit Fees: _____ \$ 50 Residential -- Each Trade

_____ \$ 100 Commercial -- Each Trade

_____ TOTAL

SIGNATURE _____ DATE _____

I HEREBY SWEAR AND AFFIRM UNDER PENALTIES OF PERJURY THAT THE FOREGOING INFORMATION IS COMPLETE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.