



MECHANICAL PERMIT APPLICATION
ALL WORK MUST HAVE A FINAL INSPECTION

FOR OFFICE USE ONLY

PERMIT FEE: \$ \_\_\_\_\_ PERMIT # \_\_\_\_\_

DATE: \_\_\_\_\_ ENTERED BY: \_\_\_\_\_

VALUATION OF WORK (ENTIRE JOB INCLUDING LABOR & MATERIALS): \$ \_\_\_\_\_

ADDRESS / LOCATION: \_\_\_\_\_ Mount Vernon, Texas

PROPERTY OWNER: \_\_\_\_\_

MECHANICAL CONTRACTOR: \_\_\_\_\_ Licence # \_\_\_\_\_

GENERAL CONTRACTOR (IF APPLICABLE): \_\_\_\_\_

[ ] RESIDENTIAL

[ ] COMMERCIAL

[ ] NEW INSTALLATION

[ ] RENOVATION/CHANGE OUT

WORK DESCRIPTION: (CHECK ONE)

[ ] INSTALLATION OF HVAC

[ ] DUCTWORK

[ ] CHANGE OUT OF EQUIPMENT

[ ] INSTALLATION OF VENT-A-HOOD

----- [ ] TYPE I

[ ] TYPE II

[ ] FIRE SUPPRESSION SYSTEM (WITHIN VENT-A-HOOD)

[ ] OTHER: \_\_\_\_\_

IF INSTALLING TYPE I HOOD SYSTEM YOU MUST SUBMIT PLANS SHOWING VENT-A-HOOD, FIRE SUPPRESSION AND FIRE ALARM SYSTEM

Affirmation: I certify that I will contact City Hall upon completion of work for final inspection. By signing this application you are verifying all information is correct.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

City of Mount Vernon

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