

MECHANICAL PERMIT

City of Springfield

PHONE: 615-380-8618

samantha.arms@springfieldtn.gov

ACCOUNT# _____

PERMIT# _____

Job Address						
Lot No.		Tract/Subdivision				
Owner		Address		Phone		
Contractor			Architect/Designer/Engineer			
Address			Address			
Phone			Phone			
License#			License#			
Class of Work	<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Gas - Piping Only					
Description of Work				Job Cost:		
Special Conditions						
Please call 24hrs in advance for inspection.						
Samantha Arms		Total Square Footage :				
		(New Construction only)				
Application Accepted by _____		Approved for Issuance by _____		Permit Fees		
Notice This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced. I hereby certify that I have read and examine 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 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 or the performance of construction.		No.	Type of Equipment	BTU		
			Forced Air Systems-Btu/h M Ea			
			Air-conditioning Units - Hp Ea			
			Water Heaters			
			Gas Logs			
			Total BTU's			
			Permit			
Signature of Contractor or Authorized Agent		NOTES				
Signature of Owner (if Owner Builder)						
WHEN PROPERLY VALIDATED (IN THIS SPACE), THIS IS YOUR PERMIT						