

**MECHANICAL PERMIT**

3219 California Pkwy, Forest Hill, TX 76119  
Phone: (817) 806-4561 Fax: (817) 984-8254



Form must be completed in ink or typed.

Date: \_\_\_\_\_

Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Job Address: \_\_\_\_\_

Contractor Name: \_\_\_\_\_ Phone \_\_\_\_\_

Contractor Address: \_\_\_\_\_

Contractor License #: \_\_\_\_\_

Owner/Builder: \_\_\_\_\_ Phone \_\_\_\_\_

Owner/Builder Address: \_\_\_\_\_

Type of Work:  New  Addition  Remodel  Repair  Move  Remove

The premise is to be used for:  Residential  Commercial  Other \_\_\_\_\_

Mechanical Base Permit = \$65.00		
FEE TYPE	QTY	AMOUNT
New Residential Structure = \$150.00 per air handling unit		
Res. Remodels, Additions, or Alterations = \$150.00 per air handling unit		
New Commercial Structures = \$200.00 per air handling unit		
Comm. Remodels, Additions, or Alterations = \$200.00 per air handling unit		
Vent-A-Hoods = \$65.00		
Duct Work = \$65.00		
Contractor Registration = \$100.00		
<b>TOTAL</b>		

Detail of work to be performed: \_\_\_\_\_

**Notice**

This permit shall become invalid if work or construction authorized is not commenced within 180 days or if work or construction is suspended or abandoned for a period of 180 days at anytime after work is commenced.

This Permit is granted with the distinct and clearly understood agreement by the Applicant that the Rules, Regulations, and Ordinances of the City of Forest Hill, Texas, as provided for by the City Council and interpreted by the City Plumbing Inspector, will be carried out, or adhered to in every part, manner, and respect.

**I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OR LAWS AND ORDINANCES COVERING THIS TYPE WORK WILL BE COMPLETED 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 LAWS REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.**

Applicant Signature: \_\_\_\_\_ Date \_\_\_\_\_

Approved By: \_\_\_\_\_ Date \_\_\_\_\_