

CITY OF LAKEWOOD

PLANNING AND PUBLIC WORKS DEPARTMENT
470 S Allison Parkway-Civic Center North
Lakewood, Colorado 80226-3127

Permit No. _____

B.P. No. _____

Date: _____

Inspections: 303-987.7768

Information: 303-987-7500

Fax: 303-987-7979

MECHANICAL PERMIT APPLICATION

Permits will be returned by mail when applications are accompanied by permit fee and self-addressed envelope

Project Address _____

Property Owner or General Contractor and Phone No _____

| | | | |
|----------------------------|--|---|-----------------|
| APPLICANT | Name of Person or Firm (Please Print) | <input type="checkbox"/> Owner <input type="checkbox"/> Contractor | License No. |
| | Address | Phones | |
| PROJECT DESCRIPTION | <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Replace | Bldg. Dept. | |
| | <input type="checkbox"/> One-Fam Res <input type="checkbox"/> __-Bed Nurse Home <input type="checkbox"/> Theater <input type="checkbox"/> Office <input type="checkbox"/> Garage <input type="checkbox"/> Two-Fam Res <input type="checkbox"/> __-Bed Hospital <input type="checkbox"/> Restaurant <input type="checkbox"/> Bank <input type="checkbox"/> Shop <input type="checkbox"/> __-Unit Apt <input type="checkbox"/> __-Pupil School <input type="checkbox"/> Lounge <input type="checkbox"/> Clinic <input type="checkbox"/> Factory <input type="checkbox"/> __-Rm Motel <input type="checkbox"/> __-Pupil Day Care <input type="checkbox"/> Store <input type="checkbox"/> Auto Service <input type="checkbox"/> Warehouse <input type="checkbox"/> __-Rm Hotel <input type="checkbox"/> __-Seat Church <input type="checkbox"/> Other (Describe) _____ | By: _____ Date: _____ | |
| PLANS | For all work done under this permit the undersigned accepts full responsibility for compliance with the City of Lakewood Building Code and all other applicable state and city ordinances. | | Estimated Value |
| | <input type="checkbox"/> NONE | | \$ |
| | <input type="checkbox"/> WITH APPL. | | Tax Exempt No |
| | <input type="checkbox"/> ON FILE | | Use Tax |
| | Print Name (owner or contractor) | | \$ |
| | Signature (owner or Contractor) | TOTAL | \$ |

MECHANICAL INSTALLATION INFORMATION

COMPLETE APPLICABLE SECTIONS BELOW, INDICATE SYSTEM(S) AND CHECK ITEMS TO BE INCLUDED THEREIN

SCOPE OF PROJECT:

NEW EXTENSION OF EXISTING REPLACE

SYSTEMS:

- | | | |
|---|---|--|
| <input type="checkbox"/> WARM AIR HEATING: <input type="checkbox"/> FORCED AIR <input type="checkbox"/> GRAVITY <input type="checkbox"/> UNIT (Suspended) <input type="checkbox"/> HOTWATER HEATING: <input type="checkbox"/> BASEBOARD <input type="checkbox"/> PANEL (Radiant) <input type="checkbox"/> FAN COIL UNITS | <input type="checkbox"/> STEAM HEATING: <input type="checkbox"/> RADIATION <input type="checkbox"/> FAN COIL UNITS <input type="checkbox"/> OTHER _____ <input type="checkbox"/> AIR CONDITIONING: <input type="checkbox"/> CENTRAL <input type="checkbox"/> WINDOW <input type="checkbox"/> COM. EXHAUST SYSTEM (Areas Served): _____ | <input type="checkbox"/> COMB. HEATING/AIR CONDITIONING: <input type="checkbox"/> AIR/AIR <input type="checkbox"/> AIR/HOT WATER <input type="checkbox"/> CHILLED WATER/HOT WATER <input type="checkbox"/> COOLING - EVAPORATIVE <input type="checkbox"/> VENTILATING |
|---|---|--|

EQUIPMENT:

- | | | |
|--|--|---|
| <p>FUEL:</p> <input type="checkbox"/> NATURAL GAS <input type="checkbox"/> OIL <input type="checkbox"/> OTHER _____ <input type="checkbox"/> FURNACE(S): No ___; BTU ___ <input type="checkbox"/> BOILER(S): No _____ <input type="checkbox"/> WATERHEATER: BTU _____ <p>FIREPLACE:</p> <input type="checkbox"/> MASONRY <input type="checkbox"/> MECHANICAL <input type="checkbox"/> OTHER EQUIPMENT: (Describe): _____ | <p>VENTING:</p> <input type="checkbox"/> TYPE B <input type="checkbox"/> TYPE L <input type="checkbox"/> MASONRY CHIMNEY <input type="checkbox"/> METAL CHIMNEY <input type="checkbox"/> COMB HVAC UNITS: No _____: <input type="checkbox"/> CENTRAL <input type="checkbox"/> ROOFTOP <input type="checkbox"/> CABINET <input type="checkbox"/> EVAPORATIVE COOLERS: No _____ | <p>AIR CONDITIONING UNITS:</p> <input type="checkbox"/> CENTRAL <input type="checkbox"/> ROOFTOP <input type="checkbox"/> CABINET <input type="checkbox"/> EXHAUST FANS (Over 1200 CFM): No _____ <input type="checkbox"/> VENT FANS (Over 1200 CFM): No _____ <input type="checkbox"/> GAS LOG: Mfg _____, BTU _____ <input type="checkbox"/> GAS FPL: Mfg _____, BTU _____ <input type="checkbox"/> GAS INSERT: Mfg _____, BTU _____ |
|--|--|---|

REMARKS:

