

MECHANICAL PERMIT APPLICATION

Building Dept
172 N 2nd St.
Decatur, IN 46733

Office: (260) 724-3814
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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 NUMBER SMOKE DETECTORS (HARD WIRED & BATTERY): _____

WATER HEATER TYPE: _____ LOCATION: _____

HEATING SYSTEM: _____ LOCATION: _____

ELECTRIC SERVICE SIZE: _____ LOCATION: _____

SUBPANEL SIZE: _____ LOCATION: _____

WHICH ELECTRICAL CODE WILL YOU FOLLOW: 2020 IRC: _____ OR 2009 INEC: _____

WHICH METHOD OF ENERGY COMPLIANCE WILL YOU FOLLOW:
PERSCRPTIVE: _____ OR PERFORMANCE (REQUIRES RES-CHECK OR COM CHECK): _____

SOLAR SYSTEM: _____ LOCATION: _____

GENERATOR: _____ LOCATION: _____

GENERATOR TYPE: NATURAL GAS: _____ OR LP GAS: _____ OR DIESEL: _____

FIRE ALARM SYSTEM: _____

SPRINKLER SYSTEM: _____

CLASS I HOOD SYSTEM: _____

PAINT BOOTH/SPECIAL VENTILATION SYSTEM: _____

PERMIT FEES:

\$50.00 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. *

ALL CONTRACTORS MUST BE REGISTERED WITH THE CITY OF DECATUR AN PROVIDE PROOF OF LIABILITY INSURANCE WITH A MINIMUM OF \$500,000 COVERAGE
