CITY OF PASS CHRISTIAN
200 WEST SCENIC DRIVE
PASS CHRISTIAN, MISSISSIPPI 39571

PERMIT

MECHANICAL PERMIT

BUILDING PERMIT NO. _____

DATE _____

JOB ADDRESS

OWNER | MAIL ADDRESS | ZIP | PHONE

CONTRACTOR | MAIL ADDRESS | PHONE | LICENSE NO.

DIRECTIONS:

Type of Building:

Class of work: ☐ New ☐ Addition ☐ Alteration ☐ Repair

Describe work:

SPECIAL CONDITIONS:

Type of Fuel: Oil ☐ Nat. Gas ☐ LPG ☐ Elec. ☐

PERMIT FEES

No.	Type of Equipment	Fee
	Air Cond. Units—H.P. Ea.	$
	Refrigeration Units—H.P. Ea.	
	Boilers—H.P. Ea.	
	Gas Fired A.C. Units—Tonnage Ea.	
	Forced Air Systems—B.T.U. M Ea.	
	Gravity Systems—B.T.U. M Ea.	
	Floor Furnaces—B.T.U. M	
	Wall Heaters—B.T.U. M	
	Unit Heaters—B.T.U. M	
	Evaporative Coolers	
	Clothes Dryers	
	Ventilation Fan	
	Range Hood	
	Air Handling Unit— C.F.M.	
	Incinerator	
	PERMIT $	
	TOTAL FEE $	

NOTICE

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 1 YEAR AT ANY TIME AFTER WORK IS COMMENCED.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED 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 WITH 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.

SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT (DATE)

SIGNATURE OF OWNER (IF OWNER BUILDER) (DATE)