

Application for Mechanical Permit

City of Nevada

Date _____ Address _____

Permit No. _____

Owner _____

Owners Address _____

Phone: _____

Description of Work	No.	Fee	Total
Furnace Forced Air BTU _____ Roof Top BTU _____ Suspended BTU _____ Recessed Wall BTU _____ Boiler BTU _____ 100,000 BTU/Hr. or Less() 100,000 BTU/Hr or more()			
Air Conditioner			
Air-Handling Units (size) _____			
Other: (describe)			
Installation or Relocation of Appliance Vent			
Gas Piping System/Outlet			
Re-Inspection			
FOR FEES PLEASE SEE FEE APPENDIX ON CITY WEB SITE			
		Total Fees	\$

Signature of Applicant

Company Name

Address

Inspector

Date

Application only Planning and Zoning must approve before work may begin

City of Nevada, Iowa 1209 Sixth Street P.O. Box 530 50201 (515) 382-5466 fax 382-4502