

CITY OF LEXINGTON
BUILDING DEPARTMENT

CITY OF LEXINGTON PO Box 70, Lexington, NE 68850 Phone: 308-324-2341 Ext. Fax: 308-324-4590

APPLICATION FOR MECHANICAL PERMIT

2011

OWNER

Name:		Mailing Address:		Unit #:	
City:			State:	Zip:	
Phone:	Fax:	Cell:	E-Mail:		

CONTRACTOR

Name:		Mailing Address:			
City:		State:	Zip:		
Phone:	Jobsite Phone:	City License No.:			

ARCHITECT/ENGINEER OF RECORD (If Required)

Name:		Mailing Address:			
City:		State:	Zip:		
Phone:	Fax:	Professional License No.:			

JOB SITE INFORMATION

Job Address: _____

SYSTEM INFORMATION

Plumbing System	Natural Gas System	Electrical System
Plumbing Fixtures Total #: <input type="text"/> <input type="checkbox"/> Water Service <input type="checkbox"/> Sewer Service <input type="checkbox"/> Water & Sewer Service <input type="checkbox"/> Complete Plumbing <input type="checkbox"/> Sprinkle Service <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Other: <input type="text"/>	Gas Fixtures Total #: <input type="text"/> <input type="checkbox"/> Gas Piping <input type="checkbox"/> Gas Appliance <input type="checkbox"/> Piping & Appliance <input type="checkbox"/> Complete System <input type="checkbox"/> Low Pressure System <input type="checkbox"/> Medium Pressure System <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Other: <input type="text"/>	Light Receptacle Total #: <input type="text"/> Light Fixture Total #: <input type="text"/> <input type="checkbox"/> Range & Stove Cook Top <input type="checkbox"/> Washer & Dryer <input type="checkbox"/> Water Heater <input type="checkbox"/> Garbage Disposal <input type="checkbox"/> Dish Washer <input type="checkbox"/> Space Heater <input type="checkbox"/> Upgrade of Service <input type="checkbox"/> Other: <input type="text"/>
Mechanical System	Cooling System	Items Required for Submittal
<input type="checkbox"/> Smoke Dampers Total #: <input type="text"/> <input type="checkbox"/> Fire Dampers Total #: <input type="text"/> <input type="checkbox"/> Other: <input type="text"/>	<input type="checkbox"/> Air Conditioning <input type="checkbox"/> Heat Pump	<input type="checkbox"/> Complete set of stamped drawings (Req for Commercial) <input type="checkbox"/> Specifications <input type="checkbox"/> Legal Descriptions

I hereby certify I have read and examined this application and corresponding documents.
 All provisions of laws and ordinances governing this work will be complied with, whether specified or not.

Authorized Signature: _____ Date: _____

OFFICE USE ONLY

Date Rec'd:	Issued By:	Est. Cost:	Fee Due:	<input type="checkbox"/> Paid
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