



# CITY OF FAIRBANKS MECHANICAL PERMIT APPLICATION

OFFICE STAMP ONLY

APPLICANT TO COMPLETE NUMBERED SPACES ONLY

PLEASE PRINT

1. DATE		2. JOB ADDRESS		TIME:	
3. LEGAL DESCRIPT.		LOT NO. BLK SUBDIVISION		4. JOB NAME	
5. OWNER		MAIL ADDRESS		ZIP PHONE	
6. MECHANICAL CONTRACTING FIRM		MAIL ADDRESS		ZIP PHONE FAX	
7. ENGINEER		MAIL ADDRESS		ZIP PHONE FAX	
8. DESCRIBE WORK (ATTACH RISER DIAGRAM OR LINE DRAWING)					
9. FUEL		10. QTY		EQUIPMENT DESCRIPTION TO INSTALL	
<input type="checkbox"/> FUEL OIL <input type="checkbox"/> NATURAL GAS <input type="checkbox"/> PROPANE				FEE (OFFICE)	
11. CLASS OF WORK					
<input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPLACEMENT					
12. USE OF STRUCTURE					
CONDITIONS					
				REFRIGERATION SYSTEMS OF LESS/MORE THAN 55LB-CHARGE	
				TYPE I HOOD SYSTEM	
				TYPE II OR OTHER HOOD SYSTEM	
				_____ -SQ.FT. MECH.- VENT/HEAT SPACE - NO A/C	
				_____ -SQ.FT. MECH.- VENT/HEAT SPACE - WITH A/C	
				_____ -SQ.FT. HYDRONICALLY-HEATED SPACE	
				_____ -OUTLET SYSTEM CONVERSION TO FUEL NOTED	
				_____ -OUTLET GAS SYSTEM	
13. 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 AGENT		CONTACT PHONE	
		PRINT		SUBTOTAL	
				PLAN CHECK	
14. MECHANICAL ADMINISTRATOR		LICENSE NUMBER		APPROVED FOR ISSUE BY:	
				PERMIT	
15. E-MAIL/OTHER CONTACT INFORMATION		DATE:		TOTAL	

CITY OF FAIRBANKS BUILDING DEPARTMENT

800 CUSHMAN STREET

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FAX 459-6719