



Town of Pantego  
 1614 S Bowen Rd., Pantego, TX 76013  
 info@townofpantego.com  
 (or) 817-617-3700

## MECHANICAL PERMIT APPLICATION

### PROPERTY INFORMATION

Project Address: \_\_\_\_\_ Suite: \_\_\_\_\_

### PROPERTY OWNER INFORMATION

Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### CONTRACTOR INFORMATION

Company Name: \_\_\_\_\_ Website: \_\_\_\_\_

Address: \_\_\_\_\_ Suite: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

TX Driver's License #: \_\_\_\_\_ State HVAC License #: \_\_\_\_\_

Town of Pantego Contractor Registration #: \_\_\_\_\_ Expiration: \_\_\_\_\_

### AUTHORIZATION

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 ordinances regulating construction, the performance of construction or the use of any land or buildings.

Print Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Applicant is:     Contractor     Homeowner     Authorized Agent

**For future reference: your permit application number is: \_\_\_\_\_ . The review of your application will not start until all appropriate review fees have been paid, addresses verified and correct number and types of plans received.**

### FOR OFFICE USE ONLY

PERMIT            1217    \$ _____ PLAN REVIEW    1990    \$ _____	RECEIVED BY: _____ TIME & DATE RECEIVED: _____ BUILDING INSPECTOR APPROVAL: _____
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PAID Plan Review:     YES     NO     N/A – date: \_\_\_\_\_ receipt #: \_\_\_\_\_

**PROJECT INFORMATION**

**ALL APPLICATIONS FOR NEW AND REPLACEMENT SYSTEMS MUST INCLUDE:**

- 1. DESIGN CRITERIA AND CALCULATIONS;**
- 2. EQUIPMENT TYPE, SIZE AND EFFICIENCY;**
- 3. TYPE AND DESCRIPTION OF CONTROLS; AND**
- 4. ALL OTHER SPECIFICATIONS AND DESCRIPTIONS NECESSARY.**

Is Project Work in Conjunction with an existing Building Permit:  **YES**  **NO**

**IF YES:** Please provide the Building Permit # \_\_\_\_\_; **and** check which type of permit:

Addition  New Construction  New Construction - Shell  Interior Finish  Remodel/Alt./Repair

**IF NO:** Please check one:  New/Upgrade  Repair/Replace Existing

**and** provide the following information:

Estimated value of the project work? \_\_\_\_\_

Are you Installing or Replacing a Complete HVAC System:  **YES**  **NO**

**IF YES:** How many up to and including 10 ton: \_\_\_\_\_

How many over 10 tons: \_\_\_\_\_

Are you Installing or Replacing Component(s) of an HVAC system:  **YES**  **NO**

**IF YES:** How many: \_\_\_\_\_

Are you Installing or Replacing any of the following:

Chiller Unit  **YES**  **NO** How many: \_\_\_\_\_

Cooling Tower  **YES**  **NO** How many: \_\_\_\_\_

Compressor  **YES**  **NO** How many: \_\_\_\_\_

Evap./Air-Cooled Condenser  **YES**  **NO** How many: \_\_\_\_\_

Are you Installing or Replacing a complete Commercial Vent Hood System:  **YES**  **NO**

**IF YES:** How many: \_\_\_\_\_

Are you Installing or Replacing a Commercial Vent Hood System Component:  **YES**  **NO**

**IF YES:** How many: \_\_\_\_\_

Submit Form Via E-mail to [info@townofpantego.com](mailto:info@townofpantego.com) or Fax to (817) 265-1375