APPLICATION FOR MECHANICAL PERMIT

CITY OF ISLE OF PALMS

Applicant to complete numbered spaces only.

PERMIT NO. _____

JOB ADDRESS			TMS
OWNER 1	MAIL ADDRESS	ZIP	PHONE
MECHANICAL CONTRACTOR 2	MAIL ADDRESS	PHONE	REGISTRATION NO.
USE OF BUILDING 3 ☐ SINGLE FAMILY	☐ TWO-FAMILY	☐ MULTI-FAMILY	☐ COMMERCIAL
4 Class of work: ☐ NEW	☐ ADDITION	☐ ALTERATION	☐ REPAIR CONTRACT VALUE
5 Describe work:			

SPECIAL CONDITIONS:

FEE	**$**	
PERMIT	**$**	
TOTAL FEE	**$**	

PERMIT VALIDATION

CK.

M.O.

CASH

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)