

MECHANICAL PERMIT APPLICATION

PERMIT NO. _____ - _____

DATE: _____

Please complete applicable portions for the type(s) of work being done.

PROJECT ADDRESS:			
PROPERTY DESCRIPTION:	LEGAL DESCRIPTION (Subdivision, Block & Lot)	PARCEL ID	ZONING
			☐ RS - 1 RESIDENTIAL ☐ RS - 2 RESIDENTIAL ☐ GR - GENERAL RESIDENTIAL ☐ OTHER _____
NAME:		EMAIL:	
OWNER:	ADDRESS:	TELEPHONE:	
NAME(S)		EMAIL:	
TENANT (If applicable):	ADDRESS:	TELEPHONE:	
COMPANY NAME & CONTACT PERSON:		REGISTRATION NUMBER:	
MECHANICAL CONTRACTOR:	ADDRESS:	TELEPHONE:	
CLASS OF WORK*: (Check all that apply)	☐ NEW ☐ ADDITION ☐ REMODEL ☐ REPAIR ☐ ACCESSORY BUILDING ☐ SWIMMING POOL ☐ WELL ☐ RESIDENCE ☐ OTHER _____		
DESCRIPTION OF WORK:			

NOTICE:

- All mechanical work must be performed by a licensed technician unless (1) The applicant owns the residence, (2) The applicant has lived at the residence at least six months, and (3) The applicant provides a copy of their Homestead Exemption.
- All mechanical work must be inspected by an inspector authorized by the City of Hamilton.

I hereby certify that I have read and examined this application and know the same to be true and correct. I certify that the project/work described herein will be built/performed in accordance with the plans and specifications submitted at the time of application. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. Granting of a permit does not presume to give authority to violate or cancel the provisions of any local or state law regulating construction or the performance of construction. A PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS COMMENCED. ALL PERMITS REQUIRE FINAL INSPECTION. A Certificate of Occupancy must be issued before any building is occupied. Permit Application must be presented with applicant's and contractor's original signatures. All submittals sent by mail or delivered by courier should be presented to the attention of the Building Official at the City of Hamilton, 200 East Main, Hamilton, Texas 76531.

Applicant's Signature (Owner or Tenant)

Date

Applicant Name (Please Print Legibly)

Mechanical Contractor's Signature

Date

Mechanical Contractor's Name (Please Print Legibly)

OFFICE USE ONLY:

PERMIT NO. ____ - ____

APPROVED:		DATE:
Mechanical Permit Fee:		
Other (Specify):		

Total Fees: _____

Receipt #: _____

Issued Date: _____

Issued By: _____