

**CITY OF MOLINE ACRES
APPLICATION FOR MECHANICAL PERMIT**

Permit Amount: \$ _____
Permit #: _____
Date: ____/____/____

I (We) _____
Name of Business License Number

Address: _____ Zip Code: _____

Contact Number: () _____ - _____

Hereby, make application for installing, erecting, or altering the existing conditions or apparatus indicated herein below:

Location: _____ Total estimated Cost: \$ _____

Type of Structure: ___ residential ___ business ___ other explain: _____

Name of Owner (s): _____ Phone #: () _____ - _____

Plans: ___ yes ___ no Plans reviewed: ___ yes ___ no

Work will begin on: ____/____/____ Work will be completed on: ____/____/____

___ Heat/Furnace ___ Water Heater ___ Air Conditioner

___ Qty ___ type ___ G/E BTU ___ Qty Total HP: _____

___ Fuel Line Size ___ Gallon Size _____ Special Item

THIS REQUEST HAS BEEN APPROVED BY THE CITY OF MOLINE ACRES. THIS PERMIT WILL BE REVOKED IF THE APPLICANT IS FOUND NOT TO BE IN COMPLIANCE WITH THE CITY OF MOLINE ACRES.

I understand the terms and conditions listed in the above box. By signing below, I certify that I am the owner or agent authorized to apply for this permit and cost and estimates are true and correct.

Signature of Applicant

Date

Approved by

Date

-----FOR OFFICE USE ONLY-----

Plumbing Permit issued: ____/____/____ Expiration Date: ____/____/____ Permit Number: _____

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