MECHANICAL PERMIT

City of Springfield

P. 615-382-2200 F. 615-382-1612

Marla.Ellis@SpringfieldTN.Gov

ACCOUNT# _____ PERMIT# _____

Job Address					
Lot No.		Tract/Subdivision			
Owner		**Address**		**Phone**	
Contractor		**Architect/Designer/Engineer**			
Address		**Address**			
Phone		**Phone**			
License#		**License#**			
Class of Work	☐ New	☐ Replacement	☐ Gas - Piping Only		
Description of Work				**Job Cost:**	
Special Conditions					
Please call 24hrs in advance for inspection.					

Mark Fields	
Application Accepted by	Approved for Issuance by

Total Square Footage (New Construction only) :

Permit Fees

No.	Type of Equipment	BTU
	Forced Air Systems-Btu/h M Ea	
	Air-conditioning Units - Hp Ea	
	Water Heaters	
	Gas Logs	
	Total BTU's	
	Permit	

Notice

This 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.

I hereby certify that I have read and examine 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 whether specified herin 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

Signature of Owner (if Owner Builder)

NOTES

WHEN PROPERLY VALIDATED (IN THIS SPACE), THIS IS YOUR PERMIT

PLAN CHECK VALIDATION CK MO. CASH CC PERMIT VALIDATION CK MO CASH CC