



**City of Saraland
Building Inspection Department**

933 Saraland Blvd South
Saraland, AL 36571
Phone: (251) 679-5502 Fax: (251) 679-3106
Permitting staff: pford@saraland.org

Application for Mechanical Permit

Date: _____

Job Site Address: _____

Contractor Name ¹ _____ Lic #: _____

Contractor Address: _____

¹ Current license and insurance information must be registered with the City of Saraland or provided with this application.

Primary Contact: _____ E-mail address: _____

Phone #: _____

Work Description: _____

GENERAL

Type of Work (subtype — select one):

____ Addition ____ Alteration ____ New Construction ____ Repair/Replace
____ Residential ____ Commercial

Was space previously air conditioned? (Y/N) _____

Total # of AC Units: _____ Total # of AC Tons: _____ Total Heating KW's: _____ Duct Work Only? (Y/N) _____

Related to Code Enforcement Action? (Y/N) _____ **REQUIRED: Estimated Cost: \$** _____

Note: Owner furnished equipment and materials must be included in Estimated Cost.

HVAC DETAIL

Type of AC System: ____ Water to Air ____ Chiller ____ Split System ____ Package ____ Heat Pump

Type of Heating System: ____ Boiler ____ Electric ____ Gas ____ Heat Pump ____ Oil

Type of Ventilation (qty): ____ Grease Hoods ____ Heat Hoods ____ Air Intakes ____ Exhaust Fans

UNIT INFORMATION

Efficiency Rating: ____ EER ____ COP ____ SEER ____ HSPF

Piping: ____ Steam ____ Chilled Water ____ Other (describe) _____

Fireplace # of units: _____ Refrigeration: # of units: _____ Total HP: _____

I hereby acknowledge that I have read this application and state that the above information is correct. I also agree to conform to all city Ordinances regulating the installation of mechanical work equipment.

Applicant Signature

Date