



# City of Saraland Building Inspection Department

933 Saraland Blvd South

Saraland, AL 36571

Phone: (251) 679-5502

E-mail to: [buildingpermit@saraland.org](mailto:buildingpermit@saraland.org)

## Application for Mechanical Permit

Date: \_\_\_\_\_

Job Site Address: \_\_\_\_\_

Contractor Name <sup>1</sup> \_\_\_\_\_ Lic #: \_\_\_\_\_

Contractor Address: \_\_\_\_\_

<sup>1</sup> 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 \_\_\_\_\_