VILLAGE OF ORTONVILLE
476 Mill Street, P.O. Box 928
Ortonville, MI 48462
248-627-4976

MECHANICAL
Permit

Date: _____

Contractor's License Number: _____ Permit Number: m_____-_____

Location: _____

Owner: _____

Kind of Building: _____

To be completed about: _____ Estimated Cost: _____

New **Alteration** **Repair** **Addition** (Circle One)

OIL ☐ **GAS** ☐ **LPG** ☐ **ELECTRIC** ☐

ITEM	NUMBER	FEE	total
Air cond. Units – hp ea.			
Refrigeration units – HP Ea.			
Boilers – HP ea.			
Forced Air Systems–BTU M EA			
Gravity systems-btu m ea			
Floor furnaces-btu m			
Wall heaters-btu m ea			
Unit heaters-btu m			
Conversion burner			
Clothes dryers			
Ventilation fan			
Range hood			
Air handling cfm			
Incinerator			
Gas piping			
Range com ☐ dom ☐			
Total fee			
Contractor's name and address			
City		state	Zip code

Ready for inspection on _____ or will contact permit clerk later _____
(date)

Applicant certifies that all information given is correct and that all pertinent electrical ordinances will be complied with in performing the work for which this permit is issued.

Signature of contractor or his authorized representative making application

Signature of permit clerk