

APPLICATION FOR MECHANICAL PERMIT

City of Cedar Falls, Iowa

Phone: (319)268-5161 • Fax: (319)268-5197

Date of Application: _____

Permit Number: _____

Mechanical Contractor: _____

Contractor's Phone #: _____

Project Address: _____

Owner's Name: _____

New Const. Addition Remodel

Commercial Residential

Project Description: _____

APARTMENTS (# of units): _____

NEW HOUSES (*all mechanicals included*): _____

MECHANICALS UNITS, FIXTURES ETC.



The following must be completed with appropriate numbers for each item:

Items	Quantity	Items	Quantity
Involves Duct Alterations	YES / NO	HPP Outlets	_____
Air to Air Heat Exchanges	_____	Gas Furnaces	_____
Bath Exhausts	_____	Electric Furnaces	_____
Wood-Burning Fireplaces	_____	Incinerators	_____
Gas-Burning Fireplaces	_____	Variable Air Volume	_____
Furnace Vents	_____	(VAV) Boxes	_____

Type Ventilation:

Multiple Type 1 Hood Type 2 Hood Multiple and Type 1 Hood
Multiple and Type 2 Hood Type 1 Hood and Type 2 Hood

Number of AC Units:

0-3 Ton _____ 3.5-5 Ton _____ 5.5-30 Ton _____ 30.5-50 Ton _____ Over 50 Ton _____

Miscellaneous Items:

of Misc. Items _____ Description of Misc. Item: _____

HVAC CONTRACTOR _____ BY: _____

Signature of Applicant