



CITY OF DEL RIO

MECHANICAL PERMIT APPLICATION

City of Del Rio, Code Compliance Department, 109 W. Broadway (mailing), 114 W. Martin (Street Address) Tel: (830) 774-8553 Fax (830) 775-5305

Please print clearly, complete all requested information

**MECHANICAL CONTRACTORS INFORMATION**

BUSINESS NAME: \_\_\_\_\_

OWNERS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

MECHANICAL CONTRACTORS NUMBER: \_\_\_\_\_

TYPE OF LICENSE: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**PROJECT INFORMATION**

OWNERS NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_

LOCATION OF PROJECT: \_\_\_\_\_ VALUATION: \$ \_\_\_\_\_

FLOODPLAIN  YES  NO

EQUIPMENT SIZING AND EFFICIENCY RATING \_\_\_\_\_

MODEL# \_\_\_\_\_

SPLIT SYSTEM \_\_\_ PACKAGE UNIT \_\_\_ HEAT PUMP \_\_\_ ELECTRIC HEAT \_\_\_

# OF FURNACES: \_\_\_\_\_ # OF CONDENSERS: \_\_\_\_\_

TOTAL TONNAGE: \_\_\_\_\_ # BATH EXHAUST FANS/CFMS \_\_\_\_\_

# OF DRYER VENTS: \_\_\_\_\_ # INSPECTIONS \_\_\_\_\_

REFRIGERATION  TYPE I HOOD  TYPE II HOOD

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

I hereby certify that I am an authorized agent of the owner, and have the owner's consent to enter the property to complete the work. After close review of this application, I further certify that all the information provided is true and correct to my knowledge.