

**CITY OF NORTH AUGUSTA
INSPECTION BUREAU
APPLICATION FOR MECHANICAL WORK**

Date _____

Owner _____

Contractor _____ Phone _____

Location: Lot _____ Block _____ Subdivision _____

Address: _____

DESCRIPTION

New Dwelling Existing

New Commercial Existing

Type of Heating _____

Capacity BTU _____

Type of Air Conditioner _____

Alteration to Existing Heating _____

Alteration to Existing Air Conditioning _____

Refrigeration Equipment _____

Fire Suppression Hood System _____

Amount of Job _____ Fee \$ _____

Permit # _____

Signed Contractor _____