



**\*\*Must save application to computer prior to filling in or all work will be lost\*\***

# MECHANICAL PERMIT APPLICATION

## CITY OF GENESEE

BP # \_\_\_\_\_

<b>JOB ADDRESS:</b> (number) (road name) (city) (zip code)	<b>ASSESSORS PARCEL NUMBER, IF KNOWN:</b>
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**Point of Contact:**  Owner  Contractor  Engineer/Architect  Other: \_\_\_\_\_

**Preferred Method of Contact:**  Text  Email  Call **Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**OWNER:** \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

**CONTRACTOR:** \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_ License #: \_\_\_\_\_

**ENGINEER/ARCHITECT:** \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_ License #: \_\_\_\_\_

**Use of Building (For this Permit):** \_\_\_\_\_ **Describe Work:** \_\_\_\_\_

**Class of Work:**  New  Addition  Alteration  Repair  Move  Remove **Valuation of Work:** \_\_\_\_\_

**Type of Fuel:**  Natural Gas  Oil  Propane (LPG)  Electric

Description of Equipment	Qty	Each	Total \$
Residential Furnace including vents/ducts		20.00	
Residential Boilers		20.00	
Suspended, wall, floor mount or radiant heater		15.00	
Ground Loop Heat Pump or Hydronic Piping		15.00	
Gas Appliances:(dryer, range, water heater, barbecue, log lighter, fireplace, inserts, pool/spa heater, other)		15.00	
Air-Handlers (electric furnace)		15.00	
Heat pump, Air Conditioner, Evaporative Cooler		15.00	
Heat Recovery Unit		15.00	
Solid Fuel Fireplaces, Stoves, Inserts		25.00	
Chimney (flue, liner, vent)		15.00	
Ductwork		15.00	
Appliance Vents		15.00	
Gas Piping System. 1-4 outlets		10.00	
Each additional outlet over 4		2.00	
Other (non-specified equipment)		15.00	
Special inspection per hour		75.00	
<b>+ \$25 Permit Processing Fee (Minimum Fee, \$75)</b>		<b>Total</b>	

**NOTICE:**  
THE PERMIT APPLIED FOR WITH THIS APPLICATION BECOMES NULL AND VOID IF NO INSPECTION IS REQUESTED AND PERFORMED FOR THE WORK AUTHORIZED WITHIN 180 DAYS FROM DATE OF ISSUANCE, AND/OR IF NO INSPECTION IS REQUESTED AND PERFORMED FOR A PERIOD OF 180 DAYS FROM THE MOST RECENT INSPECTION

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

COMMENCEMENT OF CONSTRUCTION PRIOR TO THE ISSUANCE OF A LATAH COUNTY BUILDING PERMIT, AND PRIOR TO ZONING APPROVAL, IS DONE WITH THE UNDERSTANDING THAT ALL WORK WILL BE REMOVED IF A PERMIT IS NOT ISSUED OR IF ZONING APPROVAL IS NOT RECEIVED.

### Authorization

**The applicant does hereby certify that all of the above statements are information in any attachments transmitted herewith are true, and further acknowledges that approval of this application may be revoked if it is found that any such statements are false.**

a. Signature of Applicant	b. Date	c. Signature of Property Owner (If different than applicant)	d. Date
a. Signature of Contractor	b. Date		