HAMILTON COUNTY, OHIO DEPARTMENT OF BUILDING INSPECTIONS

ROOM 801, 138 E. COURT STREET, CINTI OH., 45202

(513) 946-4550

(FAX) 946-4511

APPLICATION NO.

COMMERCIAL APPLICATION

MECHANICAL PERMIT NEW MECHANICAL INSTALLATIONS MECHANICAL REPLACEMENTS

MECHANICAL ALTERATIONS & ADD-ONS KITCHEN HOODS FUEL-GAS PIPING	USE BALL POINT PEN OR TYPE).	PLAN EXAM'R	
ROJECT INFORMATION 1 PROJECT NAME:	MALL / STRIP CENTER / BLDG. NAME						
ADDRESS		ZIP		SHIP/MUNICIPALITY			
NAME STREET ADDRESS			CITY	ST ZIP CODE	ZIP CODE PHONE NO.		
BUILDING OWNER							
ENANT							
MECH. CONTR.							
SESIGNER OF RECORD							
PPLICANT							
PPLICANT'S E-MAIL ADDRESS			<u> </u>	FAX NO.			
3 PERMIT APPLICATION FOR:				TAX NO.			
BUILDING HVAC DESCRIPTION OF WORK:	KITCHEN HOODS	FUEL-GAS PIPING		OTHER			
4 ESTIMATED COST:	EST. START DATE: EST. COMPLETION DATE:						
5 BUILDING INFORMATION: COMPLETE	E THIS SECTION IF ANY MECHANICAL WO	ORK IS SUBMITTED S	SEPARATELY FF	ROM THE BUILDING P	ERMIT.		
A. BUILDING CONSTRUCTION TYPE:		C. BUII	_DING USE CLA	SSIFICATION:			
B. OCCUPANT LOAD:			D. BUILDING GROSS SQ. FOOTAGE:				
6 TYPE OF BUILDING HVAC WORK: ALL	DETAILED MECHANICAL INFORMATION	ON MUST BE ON T	HE DRAWING	S.			
NEW	REPLACEMENT	ALTERATION		ADD-ON			
DESCRIPTION OF WORK:							
7 COMMERCIAL KITCHEN EXHAUST SYSTEM	MS:						
KITCHEN HOODS:							
A. TYPE I: TOTAL NO. OF TYPE I HOODS:			TOTAL LENGTH OF ALL TYPE I HOODS: FT.				
B. TYPE II: TOTAL NO. OF TY	PE II HOODS:	T	TOTAL LENGTH OF ALL TYPE II HOODS:				
8 FUEL-GAS PIPING SYSTEMS:							
A. TOTAL NO. OF FUEL-GAS METERS:		।	B. OPERAT	ΓING PRESSURE:	STANDARD	HIGH	
9 REPLACEMENT EQUIPMENT:							
A. NEW EQUIPMENT: TYPE	FUEL	INPUT		OUTPUT	WEIGHT	lbs.	
B. EXIST. EQUIPMENT: TYPE	FUEL	INPUT		OUTPUT	WEIGHT	lbs.	
the owner of this building and undersigned, do hereby covenant a construct the proposed building or structure or make the proposed is application, drawings and specifications are to the best of their NOTE: FILING THIS APPLICATION DOES NOTE: PRINTED NAME	d change or alteration in accordance with drawings ir knowledge, true and correct.	and specifications submarks. APPLICANT'S SIGNA	itted herewith, and				

RECOMMENDS PLAN APPROVAL: DATE: PERMIT NUMBER LESS PRE-PAYMENT AMOUNT DUE DATE PERMIT ISSUED TOTAL PERMIT FEE

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CLARIFICATION MEMO

ITEMS