CITY OF TAYLOR, ALABAMA MECHANICAL PERMIT APPLICATION



DATE: FEE AMOUNT \$ CHECK NO CASH ()	=
PERMIT NO	

Applicant/Company Name:		
Applicant Phone Number:		
	er - Proof of ownersh ractor - City License #:	ip must be provided. State License #:
Property Address:		
Property Owner:		
Property Owner Phone Number: _		
Scope of Work:		
Job Value: \$		
PERMIT TYPE: Mechanical/HVAC	BUILDING USE: 1 & 2 Family Apartments Commercial Church Institutional Other	CLASS OF WORK: NEW ALTERATION ADDITION REPAIR
NOTE: By signing this application to 1. That only the following person a) City of Taylor Licensed b) Owner 2. That the Total Valuation above	ns will be working on the proj Contractor.	
Please initial that you have read and a	agree to comply with the follow	wing statement.
I understand that I ar	n responsible for the rem	oval of ALL debris related to this pr
I certify that I have read this documer all local ordinances and state laws de City of Taylor to enter the above-men	ealing with building construct	on provided is correct. I agree to compl ion, and hereby authorize representives n purposes.
Applicant Signature:		Date:
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1469 S STATE HWY 605 TAYLOR, AL 36301 Phone: 334-677-5079 Fax: 334-794-5821