



The City of
OKLAHOMA CITY

Development Services Department
Development Center

MECHANICAL PERMIT FAX APPLICATION

FAX # (405) 552-6024

CONTRACTOR'S COMPANY NAME: _____

CONTRACTOR'S REPRESENTATIVE NAME: _____

CONTRACTOR'S E-MAIL ADDRESS: _____

BUSINESS PHONE #: _____ STATE LICENSE #: _____

COMPLETE JOB ADDRESS: _____

BUILDING PERMIT #: _____

TYPE OF PERMIT: **RESIDENTIAL** **COMMERCIAL**

TYPE OF PERMIT: **NEW INSTALLATION** **REPLACEMENT** **RELOCATE**

CIRCLE THE TYPE OF PERMIT NEEDED:

FORCED AIR HEAT

DUCT WORK / COMM. VENT HOOD

AIR CONDITION UNIT

REFRIGERATION UNIT

TONNAGE FOR EACH UNIT: _____

(COOLERS, WALK/REACH INS, ETC.)

TONNAGE: _____

FAN COIL UNIT

APPLIANCE OVER 4K BTU

WALL HEATER

UNIT HEATER

FLOOR FURNACE

GAS CLOTHES DRYER

CONSTRUCTION GAS

GAS SERVICE

GAS EXTENSION

GAS METER RESET

RE-INSPECTION

ORIGINAL PERMIT #: _____

INSPECTION NEEDED: **WILL CALL** **GROUND** **ROUGH** **FINAL**

OTHER INFORMATION: _____