

**Application for Mechanical Permit**

City of Nevada

Date \_\_\_\_\_

Address \_\_\_\_\_

Permit No. \_\_\_\_\_

Owner \_\_\_\_\_

Owners Address \_\_\_\_\_

**Mechanical Permit Fee Schedule**

Description of Work	No.	Fee	Total
Furnace Forced Air BTU _____ Roof Top BTU _____ Suspended BTU _____ Recessed Wall BTU _____ Boiler BTU _____ 100,000 BTU/Hr. or Less( ) 100,000 BTU/Hr or more( )			
Air Conditioner			
Air-Handling Units (size) _____			
Other: (describe)			
Installation or Relocation of Appliance Vent			
Gas Piping System/Outlet			
Re-Inspection			
FOR FEES PLEASE SEE FEE APENDIX OF CITY WEB SITE			
		<b>Total Fees</b>	<b>\$</b>

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Inspector

\_\_\_\_\_  
Date

**Application only Planning and Zoning must approve before work may begin**

City of Nevada, Iowa 1209 Sixth Street P.O. Box 530 50201 (515) 382-5466 fax 382-5469