

CITY OF MONROE
Building Standards Department
Mechanical Permit Application

DATE: _____

SITE INFORMATION:

Address: _____ Lot#: _____

***REQUIRED INFORMATION - Duplex: Yes _____ No _____ Historic District: Yes _____ No _____**

CONTRACTOR INFORMATION:

Contractor Name (as licensed): _____ Phone#: _____

Address: _____ City: _____ State: _____

Zip: _____ License # _____ Fax#: _____

OWNER'S INFORMATION:

Name: _____ Phone#: _____

Address: _____ City: _____ State: _____

Zip: _____ Any Building permit # associated with this permit: _____

UTILITIES: () New () Existing

EQUIPMENT INFORMATION:

- _____ Heat Pump _____ Change Out _____ New
- _____ Apollo Unit
- _____ Commercial Range Hood
- _____ Furnace with A/C _____ Change Out _____ New
- _____ Radiant Heat Systems
- _____ Wall Furnace _____ Change Out _____ New
- _____ Unit Heater
- _____ Fireplace Insert
- _____ Gas Pack _____ Change Out _____ New
- _____ Gas Logs _____ Gas Grill _____ Gas Light
- _____ Gas Water Heater (change out)
- _____ Gas Line Only
- _____ Gas Pressure Gauge (for utility reconnect inspection)
- _____ Mechanical Unit for Mobile Home Only

Residential mechanical inspections will include verification of the presence of carbon monoxide alarms as required by City of Monroe Ordinance 150.10 (C)(1).

Check the proper gas pressure of intended system.

**All gas systems greater than 2 PSI will require a gas piping plan with BTU's of all appliances.

0.5 PSI _____ 2PSI _____ 5PSI _____ 10PSI _____ Other _____

APPLICANT'S SIGNATURE: _____ **DATE:** _____

PRINT APPLICANT'S NAME: _____

Method of Payment: () Cash () Check

Building Standards Department
300 W. Crowell Street Monroe NC 28111
Telephone: 704. 282.4524 FAX: 704. 282.4735