

MECHANICAL PERMIT APPLICATION

**CITY OF JACKSON
BUILDING DEPARTMENT**

Telephone: (731) 425-8262

Fax: (731) 425-8228

Contractor Information: ID Number: _____
Contractor Name: _____
Licensed Tradesman: _____

If you do not have a contractor number assigned by the City you must fill out a request for said number. Ask for the Contractor ID Number Application. Mechanics in the city must be licensed by the City.

Property Information:

Project Number: _____ — _____ Commercial Review Number: _____ — _____
or
Residential Building Permit Number: : _____ — _____

Work Location (Address & Space): _____

Proposed Use (Tenant Name): _____

Location: [] CITY [] COUNTY

Project Name (Complex Name): _____

Project Address: _____

Owner Name (Per Deed): _____

Address _____

City: _____ State: _____ Zip: _____

Telephone: (_____) _____ - _____

Class of Work:

[] New [] Addition [] Alteration [] Repair [] Move [] Remove

Description of Work: _____

Valuation of Work: _____

Comments: _____

- NOTICE -

SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, HEATING, VENTILATING OR AIR CONDITIONING. THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER WORK IS COMMENCED.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT (DATE)
SIGNATURE OF OWNER (IF OWNER/BUILDER)