



APPLICATION FOR MECHANICAL PERMIT

City of Glendale, Building & Safety
 633 E. Broadway, Room 101 (Corner of Broadway and Glendale)
 Glendale, CA 91206 (818) 548-3200 and (818) 548-3215 (Fax)

Plan Check No. BMP _____

Plan Check Exp. Dt. _____

Permit No. BM _____

Please type or print in ink

Job Address (Include Zip Code)				Work Description (Fill in all that apply and specify quantity)			
Permit Information				_____ \$30 Issuance Fee _____ \$20 Supplemental Permit To: _____ _____ \$35 Minimum Inspection Fee (If fees below add up to less than \$35) _____ \$_____ Plan Check (50% of Permit Fee, Minimum of \$65)			
Is this work related to a building permit? <input type="checkbox"/> No <input type="checkbox"/> Yes		Has work started? <input type="checkbox"/> No <input type="checkbox"/> Yes (Double the permit fee will be charged for legalization)		Heating, Air-Conditioning, Refrigeration, and Evaporative System			
Describe where the work will be done & fill out the work description on the right-hand side of this application.				_____ \$25 FAU up to 100,000 btu (*) _____ \$30 FAU Over 100,000 btu (*) _____ \$25 Floor Furnace Including Vent (*) _____ \$25 Suspended, Wall or Floor Mounted Heater (*) _____ \$15 Appliance Vent _____ \$25 Ducts, Per Zone Altered _____ \$25 Refrigeration - Altered, Repaired, or Added to (*) _____ \$25 Air-Conditioning - Altered, Repaired, or Added to (*) _____ \$25 Heating - Altered, Repaired, or Added to (*) _____ \$25 Evaporative System - Altered, Repaired, or Added to _____ \$20 Air Handler up to 10,000 CFM (*) _____ \$20 Air Handler Over 10,000 CFM (*)			
Property Owner's Name			Phone	Boilers, Compressors, and Absorption System			
Address (Include City & Zip)				_____ \$25 Up to 3Hp or 36m btu/h _____ \$40 3Hp < x < 15Hp, or 36m btu/h < x < 180m btu/h _____ \$60 15 Hp < x < 30Hp, or 180m < x < 360m btu/h _____ \$80 30 Hp < x < 50Hp, or 360m < x < 600m btu/h _____ \$140 Over 50Hp, or Over 600 m btu/h _____ \$38 Electrical A/C & Compressor added Note: Applicant must convert to Hp for boilers.			
Engineer's Name			Phone	Other			
Address (Include City & Zip):				_____ \$25 Kitchen Exhaust Hood, Commercial (*) _____ \$20 Single Duct Vent Fan _____ \$20 Non-HVAC Vent System _____ \$110 Industrial Incinerator _____ \$20 Appliance or Piece of Equipment Not Classified in Other Categories _____ _____ \$10 Connection of Equipment to a Gas System _____ \$20 Prefabricated Fireplace ICBO # _____ _____ \$25 New Gas System			
State License Number		Exp.		Note: Any item having this mark (*) may require plan check for multi-family (3 or more units) & commercial buildings. (Installation of 100,000 BTU and above heating appliances; 5 tons/60,000 BTU and above a/c systems; multiple installations of less than 5 tons; air handling equipment with combined CFM of 2000 or more; and steam boilers.)			
Contractor's Name			Phone	FOR OFFICE USE ONLY			
Address (Include City & Zip):				Processed By		Date	Receipt No.
State License No.		Exp.	City License No.	PC By		Date	
Applicant's Name			Phone	Approved By		Date	Receipt No.
Address (Include City & Zip)				Processed By		Date	
Owner-Builder Declaration				Revision			
I hereby affirm that I am exempt from the Contractor's Law (7044, B&PC) for the following reason: I am the bonafide owner of the building described in the foregoing application: Said building is a single family dwelling used exclusively for living purposes except for the usual accessory buildings in conjunction with such dwelling: Said living quarters are occupied or will be occupied by the undersigned. I will personally purchase all materials and will perform all labor in connection with the foregoing permit.				Process		Date	Receipt No.
Signature _____ Date _____				PC		Date	
Workers' Compensation Declaration				Approved By		Date	Receipt No.
I hereby affirm that I have a certificate of consent to self-insure, or a certificate of Workers' Compensation Insurance.				Processed By		Date	
Policy No. _____ Company _____				Revision		Date	Receipt No.
Signature _____ Date _____				PC By		Date	
Workers' Compensation Exemption Declaration				Approved By		Date	Receipt No.
I hereby affirm that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Workers' Compensation Laws of California.				Processed By		Date	
Signature _____ Date _____				PC		Date	
Final Declaration				Approved By		Date	Receipt No.
I certify that I have read this application and state that the information supplied in this application is correct. I agree to comply with all city ordinances and state laws relating to building construction, and hereby authorize representatives of this City to enter upon the above-mentioned property for inspection purposes.				Processed By		Date	
Signature _____ Date _____				PC		Date	

