



CITY OF LAKE STATION

1969 Central Avenue Lake Station, IN 46405 Phone: (219) 850-1331 Fax: (219)850-1386

MECHANICAL/HVAC PERMIT APPLICATION

PLEASE FILL OUT THE FOLLOWING INFORMATION. THE APPLICATION FEE IS NON-REFUNDABLE

PERMIT #: _____
DATE: _____

**PLEASE CALL THE BUILDING DEPARTMENT AT 219-850-1331 BEFORE STARTING JOB, WHEN YOU ARE READY FOR YOUR ROUGH-IN INSPECTION, AND WHEN YOU ARE READY FOR YOUR ROUGH & FINAL INSPECTION. 219-850-1331*

**MUST HAVE A WORK ORDER OR CONTRACT BEFORE WE CAN ISSUE A PERMIT*

**MUST HANG PERMIT IN FRONT VISIBLE WINDOW OF CUSTOMER ADDRESS*

NEED TO REVIEW ALL CONSTRUCTION INSTALLATION DUCT, FURNACE GAS, ELECTRIC HEAT, AND ROOFTOPS.

CONTRACTORS BUSINESS NAME:

NAME AND ADDRESS _____ PHONE _____

SUB -CONTRACTORS: (IF SUBBING MUST BE LICENSED IN OUR CITY) _____

PHONE NUMBER _____

TO BE LOCATED AT: _____
STREET ADDRESS

PROPERTY OWNER: _____
NAME AND ADDRESS PHONE NUMBER

TYPE OF STRUCTURE: _____ ZONING DISTRICT: _____

PLEASE CIRCLE APPROPRIATE ANSWER BELOW:
IN SPECIAL FLOOD HAZARD AREA? YES/NO
IS THE LOCATION RESIDENTIAL OR COMMERCIAL?: RESIDENTIAL COMMERCIAL
IS IT MASONRY, CHIMNEY , B.VENT? MASONRY CHIMNEY B.VENT
IS A FLU LINER NEEDED? YES/NO

APPLIANCES TO BE LOCATED AS FOLLOWS: _____

SIZE: FURNACE _____ BTU SEER RATING: _____ INPUT: _____ OUTPUT: _____
AIR CONDITIONER: _____ TON SEER RATING: _____ DUCTWORK YES/NO SQ FT. _____
COLD AIR DROP _____ FURNACE TRANSITION: _____

SVALUE OF JOB: _____ INCLUDING LABOR COST

HVAC INSPECTORS SIGNATURE _____