

**Mechanical Permit Application**  
**Building Department**  
**172 N 2<sup>nd</sup> St. Decatur, IN 46733**  
**(260) 724-3814**

Email: [lwemhoff@cityofdecatur.in.gov](mailto:lwemhoff@cityofdecatur.in.gov)

Permit: \_\_\_\_\_

Date: \_\_\_\_\_

PROJECT ADDRESS: \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMAIL: \_\_\_\_\_ CELL: \_\_\_\_\_

OWNER NAME (IF DIFFERENT FROM APPLICANT): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ELECTRICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_

HEATING/AIR: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PLUMBER: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_

OTHER: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**ESTIMATED COSTS BREAKDOWN (LIST DOLLAR AMOUNTS)**

**ELECTRIC:** \_\_\_\_\_ **HVAC:** \_\_\_\_\_ **PLUMBING:** \_\_\_\_\_ **OTHER:** \_\_\_\_\_

DESCRIBE WORK TO BE DONE: \_\_\_\_\_

TOTAL NUMBER OF SMOKE DETECTORS (HARD WIRED & BATTERY): \_\_\_\_\_

WATER HEATER TYPE: \_\_\_\_\_ LOCATION: \_\_\_\_\_

HEATING SYSTEM: \_\_\_\_\_ LOCATION: \_\_\_\_\_

ELECTRIC SERVICE SIZE: \_\_\_\_\_ LOCATION: \_\_\_\_\_

SUBPANEL SIZE: \_\_\_\_\_ LOCATION: \_\_\_\_\_

WHICH ELECTRICAL CODE WILL YOU FOLLOW- 2020 IRC: \_\_\_\_\_ OR 2009 INEC: \_\_\_\_\_

WHICH METHOD OF ENERGY COMPLIANCE WILL YOU FOLLOW- PERFORMANCE: \_\_\_\_\_ (REQUIRES RES-CHECK OR COM-CHECK) OR PERSCRIPTIVE: \_\_\_\_\_

SOLAR SYSTEM: \_\_\_\_\_ LOCATION: \_\_\_\_\_

GENERATOR: \_\_\_\_\_ TYPE- NATURAL GAS: \_\_\_\_\_ LP GAS: \_\_\_\_\_ DIESEL: \_\_\_\_\_ LOCATION: \_\_\_\_\_

FIRE ALARM SYSTEM: \_\_\_\_\_ SPRINKLER SYSTEM: \_\_\_\_\_

CLASS I HOOD SYSTEM: \_\_\_\_\_

PAINT BOOTH/SPECIAL VENTILATION SYSTEM: \_\_\_\_\_

**PERMIT FEES:**

**\$50 RESIDENTAL-EACH TRADE:** \_\_\_\_\_

**\$100 COMMERCIAL-EACH TRADE:** \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\*I HEREBY SWEAR AND AFFIRM UNDER PENALTIES OF PERJURY THAT THE FOREGOING INFORMATION IS COMPLETE  
TURE AND CORRECT TO THE BEST OF MY KNOWLEDGE\*

**ALL CONTRACTORS MUST BE REGISTERED WITH THE CITY OF DECATUR AND PROVIDE PROOF OF LIABILITY INSURANCE  
WITH A MINIMUM OF \$500,000 COVERAGE.**