

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

Email: permits@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.**