



MECHANICAL PERMIT APPLICATION

City of Lindale
 P.O. Box 130 /105 Ballard Dr.
 Lindale, TX 75771
 Phone: 903-882-6861 Fax: 903-881-8170
 Email: iselag@Lindaletx.gov

Application Date: _____

Permit # _____
 (Office use Only)

Street Address of Proposed Project	Suite/Bldg.	Building Use: <input type="checkbox"/> Commercial <input type="checkbox"/> Residential
Owner / Tenant Name	Phone Number	Type of work: <input type="checkbox"/> New Construction <input type="checkbox"/> Addition <input type="checkbox"/> Remodel <input type="checkbox"/> Repair
Square Footage of proposed New Construction or Remodel	Estimated Valuation Job Cost- Commercial Only (Please fill in)	

Item	Number / Size	Item	Number / Size
Air Cond. Units		Clothes Dryer	
Refrigeration Units		Ventilation Fans	
Boilers		Range Hood	
Forced Air Systems		Air Handling	
Gravity Systems		Incinerator	
Floor Furnaces		Gas Piping	
Wall Heaters		Other: _____	
Unit Heaters		Range <input type="checkbox"/> Com <input type="checkbox"/> Dom	
Conversion Burner			

PERMIT FEES:

Residential New Construction- \$.06 per sq. ft. w/ \$60.00 minimum

Commercial New Construction- \$.08 per sq. ft. w/ \$60.00 minimum

Residential Remodel - \$.08 per sq. ft. w/ \$60.00 minimum

Commercial Remodel -\$60.00 + \$6.00 per \$1,000.00 valuation

FEEES DOUBLE IF STARTED WITHOUT A PERMIT

Fee	

Company Name	Mechanical License Name	License #
Address	City	State/Zip Code
Office Phone #	Fax #	Email

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

Applicant/Responsible person in charge of work _____ Title _____ Phone Number _____ Date _____

Approved Denied:

Reviewed by _____ Date _____