



FOR OFFICE USE ONLY	
MEC 20	_____
BLD 20	_____
PRJ 20	_____

Department of Community Planning and Development Services
 Inspection Services Division
 240-314-8240 / 240-314-8265 (Fax)
 www.rockvillemd.gov/isd

Application for Mechanical Permit

Please type or print clearly. Incomplete applications cannot be processed.

Property Address: _____

Property Owner: _____ Phone: (____) _____ - _____

Property Owner's Address (if different): _____

Commercial Residential

Licensed

Business Name: _____

Licensed

Master's Name: _____

Address: _____ City/HVACR License #: _____

I hereby certify that I have the authority to make the foregoing application, that the application is correct, and that the construction shall conform to the Rockville City Code, and all other codes and regulations or private building restrictions, if any, which may be imposed on the above property by deed. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction. I have read and understand the Permit Conditions available from the Inspection Services Division.

Master's Signature: _____ ORIGINAL SIGNATURE REQUIRED _____ Date: _____

MECHANICAL WORK

HEATING

_____ @ BTU _____
 # _____ @ BTU _____
 # _____ @ BTU _____
 # _____ @ BTU _____

COOLING

_____ @ BTU _____
 # _____ @ BTU _____
 # _____ @ BTU _____
 # _____ @ BTU _____

Diffusers/ducts/grilles: # _____ Prefabricated fireplaces: # _____
 Wood stoves/inserts & prefabricated fireplaces: # _____
 Fuel tanks: _____ (total capacity of all tanks in gallons)
 Grease Duct: # _____ linear ft Geothermal _____
 Other: _____

GAS WORK

ALL gas work MUST be performed by a Master Plumber or Gasfitter only

Appliances: # _____ Type: _____
 (e.g., stove, dryer, fryer, etc.)
 (gas logs/prefabricated fire places _____
 Must be accompanied by manufacturers test literature)

Conversion to gas: # _____ Boiler: _____ BTU

FEES ARE NON-REFUNDABLE