



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: \_\_\_\_\_ Phone Number \_\_\_\_\_

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: # \_\_\_\_\_

Pre-fabricated fireplaces: # \_\_\_\_\_

Wood stoves/inserts & prefabricated fireplaces: # \_\_\_\_\_

Fuel tanks: \_\_\_\_\_ (total capacity of all tanks in gallons)

Grease Duct: # \_\_\_\_\_ linear ft.

Geothermal

Multi-family dwelling units # \_\_\_\_\_

(Includes all heating/cooling equipment, ducts, diffusers, and grills within the dwelling unit.)

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); \_\_\_\_\_

(Generators must be accompanied by a house location survey/aerial, with setbacks, dimensions and location indicated. Provide HOA approval as required)

Conversion to gas: # \_\_\_\_\_ Boiler: \_\_\_\_\_ BTU

**FEES ARE NON-REFUNDABLE**