

P.O. Box 295
 1609 E. Central Ave.
 Andover, KS 67002
 Phone: (316)733-1303 ext. 422
 Fax: (316)733-4634

****APPLICATION ONLY – APPROVAL REQUIRED****



MECHANICAL PERMIT
City of Andover, Kansas
Department of Building Inspection

Date: _____

Job Address: _____

Owner Name, Address & Phone: _____

Contractor Name, Address & Phone: _____

City of Andover License #: _____ Email: _____

Energy Source: Natural Gas LPG Electrical

Class of Work: New Structure New Addition Existing Alteration Minor Repair
 Residential; ICC-IRC or Commercial / Industrial; ICC-IBC & IMC
 Stand Alone Permit or Subcontract under _____

<i>Description</i>	<i>Quantity</i>	<i>Unit Price</i>	<i>Extension</i>
<u>Install, Relocate or Replace:</u>			
absorptive/condensing system ≤ 100,000 BTU/hr	_____	\$ 7.65	_____
absorptive/condensing system 100,000 to 500,000 BTU/hr	_____	\$14.03	_____
absorptive/condensing system 500,000 to 1,000,000 BTU/hr	_____	\$19.13	_____
absorptive/condensing system 1,000,000 to 1,750,000 BTU/hr	_____	\$28.48	_____
absorptive/condensing system > 1,750,000 BTU/hr	_____	\$47.60	_____
air handling unit ≤ 10,000 cfm	_____	\$ 5.53	_____
air handling unit > 10,000 cfm	_____	\$ 9.35	_____
appliance vent only	_____	\$ 3.83	_____
boiler or compressor 3 HP to 15 HP	_____	\$14.03	_____
boiler or compressor 15 HP to 30 HP	_____	\$19.13	_____
boiler or compressor 30 HP to 50 HP	_____	\$28.48	_____
boiler or compressor > 50 HP	_____	\$47.60	_____
commercial or industrial incinerator	_____	\$38.25	_____
domestic incinerator	_____	\$ 9.35	_____
evaporative cooler (non-portable)	_____	\$ 5.53	_____
floor furnace, incl. vent	_____	\$ 7.65	_____
forced air/gravity furnace ≤ 100,000 BTU/hr + ductwork	_____	\$ 7.65	_____
forced air/gravity furnace > 100,000 BTU/hr + ductwork	_____	\$ 9.65	_____
gas clothes dryer	_____	\$ 3.83	_____
range hood, incl. ducts, served by mechanical exhaust	_____	\$ 5.53	_____
unit heater - suspended, wall or floor-mounted	_____	\$ 7.65	_____
vent fan with single duct	_____	\$ 3.83	_____
ventilation system – independent of Heating or AC system	_____	\$ 5.53	_____
all other equipment or appliances not listed above	_____	\$ 5.53	_____
Permit Fee	1	\$15.00	15.00

Total Fee:\$ _____

PERMIT APPROVAL REQUIRED BEFORE STARTING ANY WORK

I/we, the undersigned, hereby certify and know that I/we have examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. 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.

 (Print) Name of Contractor - Qualified Person

 Signature of Contractor

 Date

 (Print) Name of Owner

 Signature of Owner

 Date