TOWN OF EAGLEVILLE, TENNESSEE

P.O. Box 68
Eagleville, TN 37060
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MECHANICAL PERMIT APPLICATION

Job Address:						
Applicant Name:						
Applicant is the: [] Contractor* [] Ho			neowner**			
*A Special Plumbers Lic	ense with the City	of Eaglevi	lle or state of Tenness	ee is required		
**If applicant is the ho	meowner, he/she	must read	and sign a Homeowne	er Affidavit.		
Property Owner:						
Address:						
City, State, Zip:				Phone	e:	
Project Information:	[] Existing Commercial		[] Existing Residential			
	[] New Commercial		[] New Residential			
Type of Work:	[] New	[] Addi	tion/Alteration	[] Repair	[] Change-out	
Fuel Source:	[] Electric	[] Gas				
Heating Equipment Load:			B	ΓU's	KW's	
HVAC Equipment Tonna	age:					
*Please include a copy of	your Manual J calcu	ulations or e	equivalent with this perr	nit application		
Type(s) of Work to be	Performed:					
[] Gas Venting	[] Gas Piping		[] Dryer Venting	[] Grease Duct	[] Paint Booth	
[] Furnace	[] Duct Work		[] Fire Damper	[] Boiler	[] Chiller	
[] Condensing Unit	[] Condensate Drain		[] Refrigerant Piping [] Residential		l Kitchen Exhaust Hood	
[] Package Unit	[] Gas Fireplace		[] Unit Heater [] Commercial Kitchen		Kitchen Exhaust Hood	
Gas Piping Information	ı: (Please provide	the BTU lo	ad for all appliances/	fixtures.)		
Furnace	Water Heater		Fireplace		Cook Stove	
Package Unit	Clothes Dryer		Unit Heater		Boiler	
Total Value of Work to	be Performed:					
Applicant Signature:				Date:		
Approval Signature:				Date:		