

**TOWN OF EAGLEVILLE, TENNESSEE**

P.O. Box 68  
Eagleville, TN 37060  
615-274-2922 · Fax 615-274-2977  
www.eaglevilletn.gov

**MECHANICAL PERMIT APPLICATION**

Job Address: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Applicant is the:  Contractor\*                       Homeowner\*\*

\*A Special Plumbers License with the City of Eagleville or state of Tennessee is required

\*\*If applicant is the homeowner, he/she must read and sign a Homeowner Affidavit.

Property Owner: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Project Information:     Existing Commercial                       Existing Residential

New Commercial                                       New Residential

Type of Work:             New                       Addition/Alteration                       Repair                       Change-out

Fuel Source:             Electric                       Gas

Heating Equipment Load: \_\_\_\_\_ BTU's                      \_\_\_\_\_ KW's

HVAC Equipment Tonnage: \_\_\_\_\_

*\*Please include a copy of your Manual J calculations or equivalent with this permit 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 Kitchen Exhaust Hood
- Package Unit                               Gas Fireplace                               Unit Heater                               Commercial Kitchen Exhaust Hood

**Gas Piping Information: (Please provide the BTU load 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: \_\_\_\_\_