

City Of Savannah, Missouri
Mechanical Permit

Date: _____

Zoning _____

Job Address _____ Permit # _____

Owners Name _____ Date: _____

Contractor _____ Business License # _____
Phone # _____

Description of Work and Project Cost:

Type of Work ___ New ___ Replacement ___ Alteration

Furnace Type ___ 80% plus ___ 90% plus Electric _____

Number of units being installed _____

BTU Rating _____

Air Conditioner _____ Size Heat Pump _____ Size

Boiler _____ BTU Rating

Note: Proper Venting Materials and Procedures Required.

All work to conform to 2006 ICC and City of Savannah, Mo. Codes

Permits Fees _____

Permit Accepted By: _____ Date: _____

Approved By: _____ Mechanical Inspector or Agent