

Bldg. Permit # _____

The Town of Ogden Dunes
115 Hillcrest Road
Ogden Dunes, Indiana 46368

MECH Permit # M _____

Project Address: _____ Unit _____ Application date _____

PLEASE PRINT

Property Owner <input type="checkbox"/> Tenant <input type="checkbox"/>	Contact Person: _____ Phone # _____
Name: _____	Applicant Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Agent <input type="checkbox"/> Design Prof. <input type="checkbox"/>
Address: _____	Contractor State License # _____ Class A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> LTD <input type="checkbox"/>
City/State/Zip: _____	Applicant's Name: _____
Phone #: _____ Fax #: _____	Phone # _____ Fax # _____ cell phone _____
E-Mail Address: _____	Address: _____ City/State/Zip _____
	E-Mail Address: _____

Work to be performed on:

Type of work: New equip Exact replacement Residential Fuel Conversion Multiple Family Additional Equipment Other Commercial PROJECT Cost \$ _____

EQUIPMENT		BTU'S	Quantity & Type of Equipment	FUEL STORAGE & DISTRIBUTION
___ boiler	G O E	_____	DUCT SYSTEMS	___ fuel lines ___ outlets G O
___ hydro-heater	G O E	_____	___ exhaust system _____ outlets	___ gas lines ___ outlets (permit separately)
___ furnace	G O E	_____	___ ventilation system _____ outlets	TANK(S) ___ aboveground ___ underground
___ package unit	G O E	_____	___ air distribution system _____ grilles	___ propane ___ fuel oil ___ gasoline ___ other
___ space heater	G O E	_____	___ fire/smoke dampers _____	manufacturer _____
___ heat pump/ condenser		_____	Residential Exhaust	serial # _____
___ air handler/fan coil unit/vav box		_____	___ Bathroom ___ clothes dryer ___ kitchen hood	capacity _____
___ prefab fireplace NG LP		_____	FANS	___ dispenser ___ tank monitoring station
___ gas logs NG LP		_____	___ exhaust ___ make up ___ ventilation	Miscellaneous Equipment
___ woodstove/ insert/ fireplace		_____	___ res. bath fan(s) ___ res. kitchen hood(s)	com. hood ___ type I ___ type II ___ condensate
___ burner G O		_____	Hydronic Piping	___ grease duct ___ make-up air duct
___ water towers		_____	___ steam ___ hot water ___ chilled water	cooking equipment; please list _____
___ chillers		_____	___ ground water heat pump loop	
___ clothes dryer G E		_____	Backflow Device	
___ incinerator/ crematory		_____	___ testable devices	
___ chimney liner		_____ size	___ non-testable devices	
___ vent connector/ vent		_____ size	Refrigeration Equipment & Piping	
___ gas lights	REMARKS	_____	___ compressor ___ cooler ___ piping	

Office Use Only

Approved by: _____ Date: _____
 Permit Fee: \$ _____ Admin Fee \$ _____
 Cash _____ Check # _____ Cashier _____
 Remarks: _____

I agree to perform the above work in conforms with all Ogden Dunes Ordinances & regulations and the Uniform Statewide Building Code.

Print name _____ Signature _____ Date _____