



APPLICATION FOR MECHANICAL PERMIT

City of Glendale Permit Service Center
633 E. Broadway Rm. 101(Corner of Broadway and Glendale)
Glendale, CA 91206 (818) 548-3200 and (818) 548-3215 (Fax)

Plan Check No. **BMP**

Please Type or Print Legibly in Ink

Permit No. **BM**

Job Address (Include Zip Code)			
Permit Information		Has work started? <input type="checkbox"/> Yes Double the permit fee will be charged for legalization)	
Is this work related to a Building	Permit Yes No		
Describe where the work will be done & fill out the work description on the right side of this application.			
Property Owner's Name		Phone ()	
Address (Include City and Zip Code)			
Engineer's Name		Phone ()	
Address (Include City and Zip Code)			
State License No.		Exp. Date	
Contractor's Name		Phone ()	
Address (Include City and Zip Code)			
State License No.	Exp. Date	City License No.	Exp. Date
Applicant's Name		Phone ()	
Address (Include City and Zip Code)			
Owner-Builder Declaration			
I hereby affirm that I am exempt from the Contractor's Law (7044, B&PC) for the following reason: I am the bonafide owner of the building described in the foregoing application. Said building is a single family dwelling used exclusively for living purposes except for the usual accessory buildings in conjunction with such dwelling: Said living quarters are occupied or will be occupied by the undersigned. I will personally purchase all materials and will perform all labor in connection with the foregoing permit.			
Signature _____		Date _____	
Owners's Compensation Declaration			
I hereby affirm that I have a certificate of consent to self-insure, or a certificate of Worker's Compensation Insurance.			
Policy No. _____		Company _____	
Signature _____		Date _____	
Worker's Compensation Exemption Declaration			
I hereby affirm that in the performance of the work for which this permit is issued, I shall not employ any person in any manner to become subject to the Worker's Compensation Laws of California.			
Signature _____		Date _____	
Final Declaration			
I certified that I have read this application and state the information supplied in this application is correct. I agree to comply with all City Ordinances and State Laws relating to building construction., and hereby authorize representatives of this City to enter upon the above-mentioned property for inspection purposes.			
Signature _____		Date _____	

Work Description (Fill all that apply and specify quantity)	
_____ \$31	Issuance Fee
_____	Technological Surcharge of 6.8% will Apply to Permit and Plan Check Fees
_____ \$21	Supplemental Permit to _____
_____ \$36	Minimum Inspection Fee (If fees below add up to less than \$36)
_____ \$ _____	Plan Check (50% of Permit Fee, Minimum of \$67)
Heating, Air-Conditioning, Refrigeration, and Evaporative System	
_____ \$26	FAU up to 100,000 btu (*)
_____ \$31	FAU over 100,000 btu (*)
_____ \$26	Floor Furnace Including Vent (*)
_____ \$26	Suspended, Wall or Floor Mounted Heater (*)
_____ \$16	Appliance Vent
_____ \$25	Ducts, Per Zone Altered
Relocation or Replacement of VAV Units.	
_____ \$100	Up to 4 Units
_____ \$10	Each Units Above 4.
_____ \$26	Refrigeration - Altered, Repaired, or added to (*)
_____ \$26	Air-Conditioning - Altered, Repaired, or added to (*)
_____ \$26	Heating - Altered, Repaired, or added to (*)
_____ \$26	Evaporative System - Altered, Repaired, or added to
_____ \$21	Each Air Handler Unit (*)
Boilers, Compressors, and Absorbition System	
_____ \$26	Up to and Including 3 Hp or 36m btu/h
_____ \$41	3 Hp<x< 15 Hp, or 36m <x< 180m btu/h
_____ \$62	Over 15 Hp<x<30 Hp, or 180m<x<360m btu/h
_____ \$82	Over 30 Hp<x<50 Hp, or 360m<x<600m btu/h
_____ \$144	Over 50Hp, or Over 600m btu/h
_____ \$38	Electrical A/C & Compressor added
Note: Applicants must convert to Hp for boilers	
Other	
_____ \$21	Single Duct Vent Fan (Including Dryer Vents)
_____ \$21	Non-HVAC Vent System
Exhaust Hoods:	
_____ \$120	Commercial Kitchen Exhaust Hood (*)
_____ \$25	All Other Hoods
_____ \$20	Prefabricated Fireplace ICBO # _____
_____ \$21	Appliance or Piece of Equipment not Classified in Other Categories _____
_____ \$10	Connection of Equipment to a Gas System
_____ \$25	New Gas System
Note: Any item having this mark (*) may require plan check for multi-family (3 or more units) & commercial buildings. (Installation of 100,00 BTU and above heating appliances: 5 tons/60,000 BTU and above a/c system: multiple installations of less than 5 ton: air handling equipment with combined CFM of 2000 or more: and steam boilers).	

FOR OFFICE USE ONLY

Processed By _____	Date _____	Receipt No. _____
PC by _____	Date _____	
Approved By _____	Date _____	Receipt No. _____
Processed By _____	Date _____	
Revision		
Processed By _____	Date _____	Receipt No. _____
PC by _____	Date _____	
Approved By _____	Date _____	Receipt No. _____
Processed By _____	Date _____	

