

CITY OF SCOTT CITY
DEPARTMENT OF BUILDING AND CODE ENFORCEMENT
215 Chester Ave. ♦ Scott City, MO 63780 ♦ (573) 264-2157

Application for a Mechanical Permit

PROPERTY OWNER: _____ PHONE # _____

PROPERTY ADDRESS: _____

CONTRACTOR/PERSON PERFORMING WORK: _____

CONTRACTOR'S PHONE NUMBER: _____

CONTRACTORS: THE CITY OF SCOTT CITY MUST HAVE ON FILE A **CURRENT** CERTIFICATE OF INSURANCE FOR COMMERCIAL GENERAL LIABILITY AND WORKERS COMPENSATION & EMPLOYERS LIABILITY INSURANCE.

A PERMIT IS REQUIRED FOR THE FOLLOWING: (NEW OR REPLACEMENT)

- A/C UNIT
- HEATER UNIT
- BOILER
- DUCT SYSTEM
- PROCESS PIPING

I CERTIFY AS OWNER OF THIS PROPERTY THAT I WILL BE THE ONE PERFORMING THE WORK AS DESCRIBED ABOVE:

Signed: _____
HOME OWNER

Date: _____

Printed: _____

- OR -

Signed: _____
CONTRACTOR

Date: _____

Printed: _____