



Polk County Public Works

5885 NE 14th Street
 Des Moines, IA 50313
 Phone: 515-286-3705

Email: publicworks@polkcountyiowa.gov

Mechanical Permit Application

Owner of the Job Site Property:	
Job Site Address:	
Parcel Number (If site has no address):	Name of License Holder:
Company Name:	State Contractor License Number & Expiration Date
Company Address (City, State, Zip)	State Master A or B License Number & Expiration Date
Phone Number:	Email:
Work being done on property and in what structure on property:	

Permit Type (Please Check Appropriate Box)

Commercial Residential

Work Class (Please Check Appropriate Box)

Additions/Alterations New Construction Repair Tenant Improvement

Description of Work	Quantity	Fee Each	Total
Air Conditioning (Residential)			
Air Conditioning (Commercial)			
Air Compressor			
Boiler			
Heat Pump/Geothermal			
Heating/Air Conditioning (Roof Unit Commercial)			
Heating Appliances – Installation or Relocation			
Fuel Burning Fireplace, Stove or Similar Appliance			
Gas Piping (1 to 6 Outlets)			
Additional Gas Piping Outlets (7 or more)			
Each Appliance or System Not Listed Above			
		Subtotal	
		Basic Fee	
		Total Fees	

The undersigned hereby makes application to perform work as described herein:

I affirm the work described in this application is accurate and correct to the best of my knowledge and that **the aforementioned license holder is licensed** to perform mechanical work.

I affirm the work described in this application is accurate and correct to the best of my knowledge and that **I am the owner** of this dwelling performing work on my existing home or accessory building.

I understand work must commence within 180 days from the permit issuance date and be completed and inspected within one year from the issue date or this permit will be null and void.

I understand all work must be inspected and approved by Polk County prior to concealing any installation and I must call for the final inspection for the mechanical permit. I further understand that a Certificate of Compliance is required in accordance with applicable codes and ordinances.

Print Name

Signature

Date