



# City of Senatobia

## MISSISSIPPI

131 N. Front St. Senatobia, MS 38668  
P.O. Box 1020 Phone: 662-562-4474  
permitrequest@cityofsenatobiams.gov

### Mechanical Permit Application

Contractor \_\_\_\_\_ License No. \_\_\_\_\_  
Address \_\_\_\_\_  
Job Site Address \_\_\_\_\_ Contractor Phone # \_\_\_\_\_  
Job Site Owner \_\_\_\_\_ Phone # \_\_\_\_\_  
Contractor/Owner Email Address: \_\_\_\_\_  
Subdivision/Lot \_\_\_\_\_  
Residence \_\_\_\_\_ Addition \_\_\_\_\_ Commercial/Industrial \_\_\_\_\_ Other \_\_\_\_\_

Residential	New	\$55.00 Base + \$5.00 / Ton	_____
	Replacements (no ductwork or gas pipe)	\$40.00 Flat Fee	_____
	R & R w/ductwork	\$45.00 Flat Fee	_____
	Gas Piping Only	\$40.00 Flat Fee	_____

Commercial/industrial	<u>Base of \$65 for first \$1,000, plus \$12 per \$1,000</u>		
	<u>Valuation</u>	<u>Base</u>	<u>\$65</u>
	HVAC New	_____	_____
	Replacements	_____	_____
	Duct Work (ONLY)	_____	_____
	Refrigeration	_____	_____
	Vent/Ansul Hoods	_____	_____
	Boilers	_____	_____
	Water Heater	_____	_____
	Miscellaneous	_____	_____
	Total Value	-1,000 = _____ /1,000 x \$10	_____

Re-inspection Fee = \$100.00

Total Fees Due \_\_\_\_\_

**\*\*Minimum Permit Fee = \$30.00**

I, the undersigned, certify that the described work listed on this permit is true and correct. I acknowledge that any permit granted on the representation herein made may be revoked at any time, without notice, on a breach of representation or violation of the Mechanical Code. If the property owner will be performing the hearing described work listed on this permit application then I certify that no one else will perform said work. I am aware that I can be fined if I allow anyone else to perform this work.

\_\_\_\_ By initialing here, you acknowledge that your construction, project, renovation, etc. meets with the specifications Of your Home Owner's Association and has been approved by them.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please allow up to 3 business days for your permit to be processed, you will be notified by email along with a copy of your permit, if approved.

**Office Use Only**

Application Intake Staff: \_\_\_\_\_ Date: \_\_\_\_\_

Permit Fee \_\_\_\_\_ Review Fee \_\_\_\_\_ Paid by: Cash \_\_\_ Check # \_\_\_\_\_ Receipt# \_\_\_\_\_

Approval Signature \_\_\_\_\_ Title \_\_\_\_\_

Date \_\_\_\_\_ Permit # \_\_\_\_\_

