



**MECHANICAL APPLICATION  
TOWN OF OCEAN CITY - CONSTRUCTION INSPECTION DIVISION**

**FEE - \$30.00**

**PERMIT #** \_\_\_\_\_

**SITE ADDRESS:** \_\_\_\_\_

**RECORDED PROPERTY OWNER:**

\_\_\_\_\_

**STREET/MAILING ADDRESS:** \_\_\_\_\_ **TOWN/ZIP** \_\_\_\_\_

**DESCRIPTION OF WORK:**

\_\_\_\_\_  
\_\_\_\_\_

**COST OF WORK - \$** \_\_\_\_\_

**MECHANICAL CONTRACTOR'S WRITTEN STATEMENT:**

Name: \_\_\_\_\_

T/A: \_\_\_\_\_

Company Name \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone # \_\_\_\_\_ Ocean City Business License# \_\_\_\_\_

Maryland. HVACR License #: \_\_\_\_\_

**I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of law and ordinance governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local agency that regulates construction or the performance of construction.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Mechanical Inspection:** It is the responsibility of the Mechanical Contractor to contact either MIDDLE DEPARTMENT INSPECTION AGENCIES, INC., by calling 1-800-242-6342 or by calling FIRST STATE ELECTRICAL 1-302-856-3517. Please note that by law every permit you sign requires a final mechanical inspection. Failure to comply with this requirement may result in the denial of additional mechanical permits being issued to you.

=====

**FOR OFFICE USE ONLY**

**Reviewed by:**

**Paid Date:**

**Building Inspector /Staff**

**Date**

**Date paid**

**Zoning Administrator**

**Date**

**Receipt #**