



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

FEE - \$65.00

PERMIT # _____

SITE ADDRESS: _____

RECORDED PROPERTY OWNER:

STREET/MAILING ADDRESS: _____ **TOWN/ZIP** _____

DESCRIPTION OF WORK: AND TYPE OF BUILDING

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 1-888-960-6342 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.

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FOR OFFICE USE ONLY

Reviewed by: _____ **Paid Date:** _____

Building Inspector /Staff _____ **Date** _____ **Date paid** _____

Zoning Administrator _____ **Date** _____ **Receipt #** _____