

**CALHOUN COUNTY
MECHANICAL SERVICE PERMIT**

Temporary _____

Permanent _____

Builder/Owner _____

Billing Address: _____ City _____ State _____ Zip _____

Site Address: _____ City _____ State _____ Zip _____

HVAC Contractor: _____ Phone: _____

Service Size in AMPS _____ Name of Elec. Or Gas Supplier _____

Type of Service: House _____ Manufactured Home _____ Commercial _____
Agricultural _____ Other _____

Applicant

Authorized By

Date

Permit # ME- _____

Tax Map # _____

All work shall be in accordance with the 2014 National Electrical Code.

This is NOT authorization to connect power

THIS PERMIT EXPIRES SIX (6) MONTHS AFTER DATE OF ISSUE