

**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 # \_\_\_\_\_ Tax Map # \_\_\_\_\_

All work shall be in accordance with the 2015 National Electrical Code.  
This is NOT authorization to connect power  
**THIS PERMIT EXPIRES SIX (6) MONTHS AFTER DATE OF ISSUE**