

City of Fort Worth – Planning & Development Department – Customer Service Division
Application Form For Mechanical Permits
Automated Inspection Request Line – 817-392-6370
www.devcustomerservice@fortworthgov.org

Is This a **Remodel:** ___ **New Construction:** ___ **New Addition:** ___ If there is a Building Permit attached to the project please supply permit number.

Building Permit Number **PB** _____

Please Check One Below: _____ Job Site Contact: _____ Ph. Number: _____

Is This **Residential:** ___ **Commercial:** ___ **3RD Party:** ___ Third Party Name: _____ Permit Contact Name: _____

Contractor's Name _____ FW Reg. # W/RM/M _____ Contact Phone#: _____ Fax: _____

Job Address: _____ Floor/Suite/Bldg.# _____ Mechanical Bid Value: \$ _____

Heaters	Gas Htg 0-100MBTU _____	Rooftop Cooling	RTAC 0-3 Ton _____	Boilers	Gas-APL/MB
Forced air, Unit,	101-400MBTU _____	Only	3.5-5 Ton _____	or	____ Total BTU per 1000
Wall, Floor, etc.	Elec Htg 0-20KW _____	Combination	5.5-7.5 Ton _____	Large	APL/HP
	21-40KW _____		8-10 Ton _____	Heaters	____ Total Horsepower
					ELEC/APL/KW
					____ Total KW's
Condensing Units,	A/C 0-2 Ton _____	Rooftop Heat/Cool	HC-RTAC 0-3 Ton _____	Coils	0-8 Tons _____
or Chillers	2.5-3 Ton _____	Combination	3.5-5 Ton _____		>8 Tons _____ Total Tons
	3.5-5 Ton _____		5.5-7.5 Ton _____		
	5.5-7.5 Ton _____		8-10 Ton _____		
	8-10 Ton _____				
Condensing Units,	A/C 11-30 Ton _____	Rooftop Cooling	C-RTAC >10 Ton _____	Fan	0-8 Tons _____
or Chillers	31-100 Ton _____	Only	____ Total Tons	Coils	>8 Tons _____ Total Tons
	101-320 Ton _____	Heat/Cool	HC-RTAC >10 Ton _____		
	321-520 Ton _____		____ Total Tons		
	>520Ton _____ Total				
Ducts	Res Hood Duct _____	Commercial Kitchen	Hood _____ Duct _____ Fan _____	Make	Thru Wall Unit _____
	Duct Additions _____	Exhaust	Type I _____ Type I _____ Type I _____	Up Air	Vav Box Air _____
	Vent Fan/Duct Sys _____		Type II _____ Type II _____ Type II _____		Vav Box Fan _____
Addition	Toilet Fan _____	Fireplace	Flue Listed UL _____	Smoke –Extr	_____
Mechanical	Dryer Vent-Res _____	Cir Pump	Flue Stack Com _____	Incinerator/M	____ Total BTU's
Equipment (in	French Drain _____	Evap Cooler	Com Dryer Vent _____	Incinerator-Mod	_____
units)	Gas Ext Test _____	Industrial Hood	Humidifier _____	Misc. Equipment	_____
	Smoke Shut Off _____	Mech-Vent	Solar System _____	Type of Equipment	_____

WARNING: EMAILING MORE THAN ONE REQUEST FOR A SINGLE PERMIT MAY RESULT IN DUPLICATE PERMITS & NON REFUNDABLE FEES.
We Will Attempt To Issue All Permits Received Before 3:30 P.M. & Notify You Of Your Permit Number That Same Day Or By 5:00 PM The Following Business-Day. In the event that you do not hear from us you may call our office @ 817-392-2222 the next working day.

***For your protection, we do not accept credit card information by email.**

Please provide a valid contact number for credit card payment.

You May Also Submit Your Application ONLINE!

<http://www.fortworthgov.org/planninganddevelopment>

Processed by: _____

Permit Number: _____

Fee: _____