



HVAC / MECHANICAL PERMIT APPLICATION
City of Starkville Community Development Department
City Hall, 110 W. Main Street
Starkville, Mississippi 39759-2823
Phone: (662) 323-8012 Fax: (662) 323-4143
e-mail: buildingdept@cityofstarkville.org

Project Street Address/Location _____
 Subdivision _____ Lot Number _____
 Owner's Name _____ Address _____
 Phone Number _____ Cellular Number _____
 Contractor's Name _____ Address _____
 Phone Number _____ License Number _____

Estimated Construction Valuation \$ _____ Permit Cost \$ _____

Type of Project: New Addition Alteration Combination Addition/Alteration Repair/Replace
 Building Type: Single-Family Residential Multi-Family Residential Mobile Home Commercial
 Was space previously air conditioned? Yes No Duct work only? Yes No
 Total # of AC Units: _____ Total # of AC Tons: _____ Total Heating KW's: _____
 Description of Work _____

HVAC DETAIL

Type of AC System: Water to Air Chiller Split System Package Heat Pump
 Type of Heating System: Gas Electric Heat Pump Boiler Oil
 Type of Ventilation (quantities): Grease Hoods _____ Heat Hoods _____ Air Intakes _____
 Exhaust Fans _____ Dryer Vents _____ Other _____

UNIT INFORMATION

Efficiency Rating: EER _____ COP _____ SEER _____ HSPF _____
 Piping: Air Vacuum Steam Chilled Water
 Fireplace # of Units: _____ Refrigeration # of Units: _____ Total HP: _____

I hereby acknowledge that I have read this application and state that the above information is true and correct to the best of my knowledge. I also agree to conform to all City codes and ordinances regulating mechanical work.

Submitted by _____ Date _____