



PLANNING AND BUILDING DEPARTMENT

Mechanical Installation Permit Application

[Please type or print out this form in ink only]

Owners Name: _____ Phone: (____) _____
Mailing Address: _____ City _____ State _____ Zip Code _____

Applicant (if other than owner) _____ Phone: (____) _____
[Note: If applicant is other than owner, a notarized Teton County Letter of Authorization must accompany this application. Only the owner or his/her authorized agent may sign either the application, correction list or permit.]
Mailing Address: _____ City _____ State _____ Zip Code _____

Contractor Information: State of Idaho HVAC License Number: _____
Name: _____ Phone(____) _____
Company Name: _____ Phone(____) _____
Mailing Address: _____ City _____ State _____ Zip Code _____

Job site address: _____

Number of HVAC units to be installed: _____

Type: 1. _____ Manu. 1. _____
2. _____ 2. _____
3. _____ 3. _____
4. _____ 4. _____

Job description: _____

[Provide all necessary information such as heating/cooling calculations, plans, etc.]

OFFICE USE:

Permit No: _____ Cost: _____ Check No: _____
Date Issued: _____ By: _____

APPLICANTS SIGNATURE, CERTIFICATION AND AUTHORIZATION: Under penalty of perjury, I hereby certify that I have read this application and state that the information herein is correct and I swear that any information which may be hereafter given by me in hearing before the Planning Commission of Teton County or the Board of County Commissioners of Teton County shall be truthful and correct. I agree to comply with all county regulations and State laws relating to the subject matters of this application and hereby authorize representatives of this County to enter upon the above mentioned property for inspection purposes. In signing this application, I acknowledge that the County's acceptance of this application and permit fees does not constitute approval of the permit. I agree not to commence any work for which this application is being made prior to approval of this application by the appropriate County agencies and payment of any fees due.

Signature of Applicant

Date

Print Name

Title