

St. Mary's County
COMMERCIAL MECHANICAL Inspection Application

Building Permit #: _____

Inspection #: _____

Date Issued: _____

Applicant Name: _____

Phone Number: _____

Email: _____

Address (where inspections will be performed Subdivision, Lot #, Etc.)

FOR PLANCHER OFFICE USE ONLY

Inspection Fee: \$ _____

<input type="checkbox"/>	Cash	
<input type="checkbox"/>	Check #:	_____
<input type="checkbox"/>	Invoice #:	_____

MASTER HVACR:

License #: _____

Name: _____

Signature: _____

CIRCLE ALL THAT APPLY: New Replacement Alteration/Addition Apartment
Scope of Work:

Equipment Type (Quantity):

<input type="checkbox"/> Heat Pumps	<input type="checkbox"/> A/C Units	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Air Handlers	<input type="checkbox"/> Geo Thermal	
<input type="checkbox"/> Gas Fired Heat	<input type="checkbox"/> Gas Fired Appliances	
<input type="checkbox"/> Oil Fired Heat	<input type="checkbox"/> Oil Fired Appliances	

Total BTU Rating: _____

Total Tonnage Rating: _____

Inspections Needed:

Underground Rough-In Final

Once your application is approved you will receive an inspection ID number (#). Please provide your # when contacting our office to schedule your inspections.