

Town of Indian Head  
4195 Indian Head Hwy  
Indian Head MD 20640

Mechanical Permit #: \_\_\_\_\_

Building Permit #: \_\_\_\_\_

Date Issued: \_\_\_\_\_

## MECHANICAL PERMIT APPLICATION

Applicant Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FOR PLANCHEK OFFICE USE ONLY

Permit Fee: \$ \_\_\_\_\_

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Cash

Check #: \_\_\_\_\_

Invoice #: \_\_\_\_\_

MAKE CHECKS PAYABLE TO PLANCHEK INC.

### MASTER HVACR:

License #: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**CIRCLE ALL THAT APPLY:**

Alteration/Addition

Residential

Single Family Dwelling

Commercial

Townhouse

New

Replacement

Garage/Shed/Carport

Apartment

**Scope of Work:**

\_\_\_\_\_  
\_\_\_\_\_

**Equipment Type (Quantity):**

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Heat Pumps

Air Handlers

Gas Fired Heat

Oil Fired Heat

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

A/C Units

Geo Thermal

Gas Fired Appliances

Oil Fired Appliances

Other: \_\_\_\_\_

Total BTU Rating: \_\_\_\_\_

Total Tonnage Rating: \_\_\_\_\_

**Inspections  
Needed:**

Underground

Rough-In

Final