



**City of Annapolis**  
**Department of Planning and Zoning**  
 145 Gorman Street Fl 3  
 Annapolis, MD 21401-2529

FOR CITY USE ONLY	
PERMIT #	_____
ISSUED	_____
EXPIRES	_____

[Permitting@annapolis.gov](mailto:Permitting@annapolis.gov) • 410-260-2200 • Fax 410-263-9158 • TDD use MD Relay or 711 • [www.annapolis.gov](http://www.annapolis.gov)

### Mechanical Permit Application

*All work must be done in accordance with the State plumbing code as adopted by the City of Annapolis.*

Gas Residential Commercial

Job location \_\_\_\_\_  
 Property Tax ID # \_\_\_\_\_ Related Building Permit # \_\_\_\_\_  
 Property owner \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
 Occupant \_\_\_\_\_ Phone \_\_\_\_\_  
 State license holder \_\_\_\_\_ MD license # \_\_\_\_\_  
 Trading as \_\_\_\_\_ Phone \_\_\_\_\_  
 Mailing address \_\_\_\_\_  
 City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
 Proposed work    New building    Existing building    Other \_\_\_\_\_

	Fuel type	Total new install	Alter existing	Replace existing	Service work
Air conditioning					
Heating					
Refrigeration					
Hydronics					
Ductwork					
Type 2 commercial hood					
Type 2 commercial ductwork					

Gas fired heating appliance BTU input \_\_\_\_\_ output \_\_\_\_\_  
 Oil fired heating appliance GPH of burner \_\_\_\_\_ UL approved \_\_\_\_\_  
 Size & type of flue or vent \_\_\_\_\_ Combustion air provided \_\_\_\_\_  
**Cost of entire installation** (material and labor) \_\_\_\_\_  
 Additional comments \_\_\_\_\_

I certify and agree as follows; I am authorized to make this application; that the information is correct; that I will comply with all conditions, regulations and codes of the City of Annapolis which are applicable hereto; that I will perform no work on the above property not specifically described hereon; that the permit is void if authorized work does not commence within 120 days from issue date; that the issued permit is not transferable; that all fees are not refundable; that no work shall be started until permit is issued.

Signature of licensed contractor \_\_\_\_\_ Date \_\_\_\_\_

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Total fee due \_\_\_\_\_ Received by \_\_\_\_\_ Date \_\_\_\_\_  
 Special condition (if any) \_\_\_\_\_  
 Permit final date \_\_\_\_\_ Inspector signature \_\_\_\_\_  
 Notes \_\_\_\_\_