

**Springport Township
Mechanical Permit
Application**

P.O. Box 174
Springport, MI 49284
517-857-2030

Date: _____ Bldg Permit Number: _____

Contractor License Number: _____ Phone Number: _____

Location: _____

Owner: _____ Phone Number: _____

Kind of Building: _____ Used As: _____

To Be Completed About: _____ Estimated Costs: _____

CIRCLE ONE

New Alteration Repair Addition

Oil () Gas () LPG () Electric ()

Type of Equipment	Number
Air Conditioning Units- H.P. Ea.	
Refrigeration Units- H.P. Ea.	
Boilers- H.P. Ea.	
Forced Air Systems- BTU M Ea.	
Gravity Systems- BTU M Ea.	
Floor Furnaces- BTU M	
Wall Heaters- BTU M	
Unit Heaters- BTU M	
Conversion Burners	
Clothes Dryers	
Ventilation Fan	
Range Hood	
Air Handling CFM	
Incinerator	
Gas Piping	
Range COM () DOM ()	

PERMIT AMOUNT: \$
Make Checks Payable To: SPRINGPORT TOWNSHIP
Send To: P.O. Box 174 Springport, MI 49284
NOTE: Permits will NOT be issued without payment.

FOR OFFICE USE ONLY:
Date Paid:
Check Number:

Contractors Name & Address: _____

Contractors Phone Number: _____

Ready for Inspection on ____/____/____ or will contact permit clerk later _____ .

Applicant signatures certifies that all information given is true, and correct: _____ .