



CITY OF COMMERCE

Building and Safety Division
 2535 COMMERCE WAY
 COMMERCE, CA 90040

<http://www.ci.commerce.ca.us/index.aspx?nid=778>

Application #:
Plan Check Date:
Date Permit Issued:

MECHANICAL PERMIT

Project Address:

PROPERTY OWNER

Name:	Owner builder: Yes <input type="checkbox"/> No <input type="checkbox"/>
Address:	Phone:
City: State:	Zip code:
E-Mail:	

APPLICANT INFORMATION (IF DIFFERENT FROM OWNER)

Name:	E-mail:
Address:	Phone:
City: State:	Zip Code:

CONTRACTOR INFORMATION

Name:	E-mail:
Address:	Phone:
City State:	Zip Code:
State License No.:	Class: Exp. Date:
Workers Compensation Carrier: Policy No.:	Exp. Date:

DESIGNER INFORMATION

Name:	E-mail:
Address:	Zip code:
City: State:	Phone:
State License No.:	Exp. Date:

OWNER BUILDER DECLARATION

I affirm that I signed the Owner's Acknowledgment and Verification of Information Declaration form as required by Section 19825 of the California Health and Safety Code.

SIGNATURE: _____ DATE: _____

LICENSED CONTRACTOR'S DECLARATION

I hereby affirm that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect

SIGNATURE: _____ DATE: _____

AUTHORIZATION OF ENTRY

I certify that I have read this application and state that the information given is correct. I agree to comply with all federal and state laws and city ordinances relating to building construction, and I authorize a representative of this City to enter upon the property for which I have applied for this permit for the purpose of making inspections.

SIGNATURE: _____ DATE: _____

WORKERS' COMPENSATION DECLARATION

By my initial, I hereby affirm under penalty of perjury one of the following declarations:

____ I have and will maintain a certificate of consent to self-insure for workers' compensation, issued by the Director of Industrial Relations as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.

Certificate No.:

____ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.

____ I certify that, in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that, if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

SIGNATURE: _____ DATE: _____

PROJECT ADDRESS		Plan Check Date:
APPLICATION #:		Date Permit #Issued:

DESCRIPTION OF WORK:		
QTY	ITEM	FEE
	A/C CONDENSOR UP TO 100,000 BTU	
	A/C CONDENSOR OVER 100,000 BTU BUT NOT OVER 500,000 BTU	
	A/C CONDENSOR OVER 500,000 BTU	
	FURNACE, HEATER, BOILER OR DECORATIVE APPLIANCE UP TO 100,000 BTU	
	FURNACE, HEATER, BOILER OR DECORATIVE APPLIANCE OVER 100,000 BTU BUT NOT OVER 500,000 BTU	
	FURNACE, HEATER, BOILER OR DECORATIVE APPLIANCE OVER 500,000 BTU	
	AIR INLETS AND OUTLETS SERVED BY A HEAT OR A/C SYSTEM	
	INSTALLATION, RELOCATION OR REPLACEMENT OF APPLIANCE VENTS	
	INSTALLATION OR ALTERATION OF AIR HANDLING UNITS UP TO 2,000 CFM	
	INSTALLATION OR ALTERATION OF AIR HANDLING UNITS BETWEEN 2,000 CFM AND 10,000 CFM	
	INSTALLATION OR ALTERATION OF AIR HANDLING UNITS OVER 10,000 CFM	
	EVAPORATIVE COOLERS OTHER THAN PORTABLE TYPES	
	VENTILATION FANS WHICH SERVE A SINGLE REGISTER	
	VENTILATION SYSTEMS NOT PART OF AN AC SYSTEM	
	COMMERCIAL KITCHEN HOODS	
	SPRAY BOOTHS	
	PRODUCT CONVEYING SYSTEMS	
	FIRE DAMPERS	
	ALTERATION OF EXISTING DUCT SYSTEM	
	OTHER:	
	OTHER:	

BELOW IS FOR THE CITY BUILDING STAFF TO COMPLETE

PLAN CHECK INFORMATION

Plan Check Fee:	Receipt #:	Initials:	Date:
Plan Check Fee:	Receipt #:	Initials:	Date:
Surcharge Fee:	Receipt #:	Initials:	Date:

PERMIT INFORMATION

MECHANICAL PERMIT FEE: \$

ISSUANCE FEE: \$

TOTAL MECHANICAL PERMIT FEE: \$

Receipt #:	Initials:	Date:
-------------------	------------------	--------------

Final Date:	Inspector Initials:
--------------------	----------------------------

PROJECT ADDRESS		Plan Check Date:
APPLICATION #:		Date Permit Issued:

REQUIRED MECHANICAL INSPECTIONS AND APPROVALS

	INSPECTION TYPE	DATE	INITIALS
M1	FAU / Wall Furnace		
M2	Combustion Air Openings		
M3	Duct Work		
M4	A/C Compressor		
M5	Thermostat		
M6	Fir<·Dampers		
M7	Smoke Detection Devices		
M8	Manufactured Fireplace		
M9	Commercial Hood		
M10	OTHER:		
M11	FINAL		