



HISTORIC
FRANKLIN
TENNESSEE

MECHANICAL PERMIT APPLICATION

BUILDING and NEIGHBORHOOD SERVICES
615-794-7012 Office 615-591-9066 Fax

GENERAL INFORMATION

Subdivision: _____ Lot #: _____ Building Permit #: _____
Project Address: _____ Suite/Unit #: _____
Project Name: _____ Residential _____ Commercial
Property Owner/General Contractor: _____
Property Owner's/General Contractor's Phone Number: _____

CONTRACTOR INFORMATION

Mechanical Contractor: _____
City Mechanical License #:: _____ Expiration Date: _____
Street Address: _____
City: _____ State: _____ Zip: _____ E-mail: _____
Office phone: _____ Cell Phone: _____ Fax: _____

CHECK ALL THAT APPLY

\$ _____ **CONTRACT AMOUNT (Include Materials and Labor)**

- | | | |
|--------------------------------------|----------------------------------------|--------------------|
| <input type="checkbox"/> Natural Gas | <input type="checkbox"/> Refrigeration | _____ # Tons |
| <input type="checkbox"/> Electric | <input type="checkbox"/> Ductwork | _____ # BTU |
| <input type="checkbox"/> Oil | <input type="checkbox"/> Fireplace | _____ # of Stories |
| <input type="checkbox"/> LPG | <input type="checkbox"/> Gas line | |

BNS OFFICE USE ONLY	
PERMIT #	_____
FEES \$	_____

Narrative of Scope of Work

Signature: _____ **Date:** _____

Note: Applications can be emailed to cofpermitapp@franklintn.gov. Ladder Access to be provided by contractor to roof areas. Incorrect or incomplete information may result in permit revocation.