



611 Mulberry Road, Suite 300  
 Derby, KS 67037  
 Phone 316-788-6632  
 Email: [permits@derbyweb.com](mailto:permits@derbyweb.com)  
[www.derbyks.com](http://www.derbyks.com)

**Application for**  
**MECHANICAL PERMIT**  
 Photo inspection submittals are required. See Building  
 Trades Web Page for Details

Permit # \_\_\_\_\_ Date: \_\_\_\_\_ Job Cost \$ \_\_\_\_\_

**AC/Furnace Change Out or Replacement:**  
**Flat Fee of \$25.00 – Residential**  
**Flat Fee of \$50.00 - Commercial**

Permit Fee: \$ \_\_\_\_\_  
 Issuance: \$ 25.00  
 TOTAL: \$ \_\_\_\_\_

ADDRESS OF WORK: \_\_\_\_\_ UNIT# \_\_\_\_\_

PROPERTY OWNER OR BUSINESS: \_\_\_\_\_

MECHANICAL COMPANY \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_  
 Street City Zip

DERBY LICENSE NUMBER \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

FAX NUMBER \_\_\_\_\_ MOBILE # (if applicable) \_\_\_\_\_

EMAIL \_\_\_\_\_

**PROJECT DESCRIPTION**  
 (ONE OR MORE ITEMS MAY BE CHECKED)

- Type of Work:  New  Replacement
- Type of Installation:
- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Forced-air furnace     | <input type="checkbox"/> Gravity-type furnace | <input type="checkbox"/> Floor Furnace        |
| <input type="checkbox"/> Suspended heater       | <input type="checkbox"/> Wall heater          | <input type="checkbox"/> Floor-mounted heater |
| <input type="checkbox"/> Vent (not new install) | <input type="checkbox"/> Refrigeration        | <input type="checkbox"/> Cooling unit         |
| <input type="checkbox"/> Boiler                 | <input type="checkbox"/> Compressor           | <input type="checkbox"/> Vent Fan             |
| <input type="checkbox"/> Hood                   | <input type="checkbox"/> Mechanical Exhaust   |   |
| <input type="checkbox"/> Fireplace # _____      | <input type="checkbox"/> Other _____          |   |
- Heating Type:  Gas  Elect.  Oil  Solar  Hot Water  Heat Pump  
 Other \_\_\_\_\_

**BRIEFLY DESCRIBE THE PROPOSED WORK:**

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

I acknowledge that if this permit is denied, the City will retain the \$25.00 issuance fee for administrative purposes.

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

Qualified/Licensee Signature

Date

**OFFICIAL USE ONLY**  
**Permit Return Method:**  Email Permit  Mail (USPS)  Pick-Up (Call Applicant)