

CITY OF MT. WASHINGTON
Department of Building Codes
311 Snapp Street P.O. Box 285
Mt. Washington, Kentucky 40047
(502) 538-0515

Department use only:
Permit No. _____
Cost of Permit _____
Date _____

COMMERCIAL REFRIGERATION/ EXHAUST HOOD PERMIT APPLICATION

It is expressly understood that the applicant for the permit agrees and states that this installation will be in strict compliance with the Uniform State Building Code and the Uniform State Residential Building Code.

Make payment to City of Mt. Washington

Address Location: _____ Bldg #: _____ County: _____

City: _____ Zip: _____

Owner's Name: _____ Telephone: (____) _____ - _____

Owner's Address: _____ City: _____ Zip: _____

Check Blank that applies: _____ Refrigeration _____ Exhaust Hood _____ Suppression System

Indicate Number of each:

_____ Walk In(s) _____ Reach In(s) _____ Suppression Systems (Must have stamped drawings) _____ Hood(s)

Cost of Permit equals number of each from above times the fee listed below.

<u>Type of Equipment</u>	<u>Fee Schedule</u>
Walk In(s)	\$75.00 ea.
Reach In(s)	\$50.00 ea.
Exhaust Hood(s)	\$225.00 ea.
Suppression System	\$150.00 ea. when plans are submitted separately
	Total Fee Paid \$ _____

The Department of Building Codes, is issuing this permit upon your request in accordance with KRS 198B.6671 and 815 KAR 8:070. You, the undersigned, are fully aware that you are responsible for this installation in its entirety through completion. It is your responsibility to notify, request and obtain all required inspections. If for any reason you fail to complete this installation, it shall be your responsibility to notify the Department immediately. Permits shall expire twelve (12) months from date of issue.

Contractor Signature _____ License #: _____

Complete Address: _____

Office / Home Phone Number: (____) _____ - _____ Cell Phone Number: (____) _____ - _____

Email Address: _____