

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.
Ice Machine(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: \_\_\_\_\_