



COMMERCIAL MECHANICAL
HVAC CHANGE OUT PERMIT APPLICATION

BUSINESS AND DEVELOPMENT SERVICES
 P.O. BOX 249 – 5 EAST BUTLER ROAD
 MAULDIN * SOUTH CAROLINA 29662
 (864)234-3475 / (864)234-3484
WWW.CITYOFMAULDIN.ORG

IN ORDER TO PROCESS, APPLICATION MUST BE COMPLETED IN ITS ENTIRETY

APPLICATION SUBMITTAL DATE: _____ EXISTING BUILDING PERMIT #: _____	OFFICE USE <input type="checkbox"/> B <input type="checkbox"/> Z <input type="checkbox"/> FLOOD	FACILITATOR INITIALS _____
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PROJECT LOCATION

FOR HELP COMPLETING THIS SECTION GO TO: WWW.GREENVILLECOUNTY.ORG (Real Property Services)

PARCEL ID #: _____		Shopping Center / Development Name: _____	
Name of Business/Lessee: _____	Business Owner: _____	Business Phone: _____	
Street Address: _____	Suite #: _____	City: _____	State: _____ Zip: _____
Contact Name/Property Owner: _____	Email: _____	Cell Phone #: _____	

Is the space where work is being performed part of a Multi-tenant development (retail or office center)? <input type="checkbox"/> Yes <input type="checkbox"/> No
For Multi-Tenant developments, Provide Gross floor area of the <u>Entire Building</u> : _____ Square Feet
Gross floor area of structure / tenant space: _____ Square Feet
What is the Occupancy Type/ Classification for the space in which the HVAC unit will serve? _____
Describe work in detail: _____ _____ _____

Provide a copy of the manufacturer's specifications for both the new and proposed hvac unit and complete the following information.

EXISTING UNIT	PROPOSED UNIT
Serial #:	Serial #:
Manufacture's #:	Manufacture's #:
Date of Manufacture:	Date of Manufacture:
Manufacturer Specs:	Manufacturer Specs:
BTU's :	BTU's:
CFMS:	CFMS:
Outside Air:	Outside Air:
Voltage Air:	Voltage Air:
SEER:	SEER: (must Comply with current Energy code)
Physical weight of unit (if installed on the roof)	Physical weight of unit (if installed on the roof)

Is the unit currently supported with curbing? <input type="checkbox"/> Yes <input type="checkbox"/> No
If NO, and curbing is proposed, provide specification of curbing to be used with new unit.

CONTRACTOR /CONTACT INFORMATION			State License (LLR) #:	
Business Name:	DBA:	Business Phone #: () -		
Mailing Address:	Suite #:	City:	State:	Zip:
Project Superintendent:	Mobile Phone: () -	Email:		

PERMITS REQUESTED /FEES							
Permits Requested	Contractor Business Name	State License Number	Total Cost of Work	Permit Fees	Business License Upgrade (if applicable)		
<input type="checkbox"/> Mechanical			\$	\$			
<input type="checkbox"/> Refrigeration			\$	\$			
<input type="checkbox"/> Hood System			\$	\$			
Total Project Cost			\$	\$			
Facilitator Notes:			Total Permit Fees	\$	\$		
			Information below is to be completed by facilitator				
			Plan Review Fee	\$			
			Total Permit Fees	\$			
			Date _____ Deposit	\$			
			Balance	\$			
			Business License New / Upgrade (if applicable)	\$			
			Total Fee Due	\$			

SIGNATURES (*)		
<p>By signing this application I hereby certify that I am the owner or an authorized agent of the owner or company performing work stated above. I further certify that all information in this application is correct and that all work will comply with the South Carolina State Building Code and all other applicable state and local laws. I understand that if any information provided is found to be incorrect or falsely stated that this permit will be null and void and that I may be responsible for violation of other related laws and local ordinances. The Business and Development Services Department will be notified of any changes in the approved plans or specifications for the project as permitted.</p>		
Applicant: - Printed Name:	Title:	Company Name:
Signature:	Phone Number: () -	Email Address:

PROJECT CONTACT INFORMATION		
PROJECT REVIEW LETTERS WILL BE EMAILED TO ALL PARTIES		
Project Superintendent:	Email:	Phone: () -
Engineer / Architect:	Email:	Phone: () -
Property Owner:	Email:	Phone: () -



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