



# CITY OF BEL AIRE

7651 E CENTRAL PARK AVE.  
 BEL AIRE KS 67226  
 316-744-2451 EXT 120 FOR INSPECTION  
 316-744-3739 FAX  
 SEDGWICK COUNTY SHARED PERMITS 316-660-1840  
**MECHANICAL PERMIT APPLICATION**



Permit No. \_\_\_\_\_  
 Receipt No. \_\_\_\_\_

Date: \_\_\_\_\_, 20\_\_\_\_

COUNTY SHARED PERMIT YES \_\_\_\_\_ NO \_\_\_\_\_

Location of Work: \_\_\_\_\_  
 (Address, City, Zip)

Name of Person work is being done for: \_\_\_\_\_  
 (Circle one- Owner, Tenant or Contractor)

Building To Be Used As \_\_\_\_\_

Class of Work:

**New Building** \_\_\_\_\_ **Existing Building** \_\_\_\_\_ **Add On** \_\_\_\_\_ **Replacement** \_\_\_\_\_

Permit Fees Per Section	Item	For Installation, Replacement, Repair or Relocation of any Mechanical Equipment	NO	EACH	FEE
Heating Equipment	10	Up to and Including 100,000 BTU Input		\$ 9.00	
	20	Over 100,000 BTU Input		\$ 11.00	
	30	Any Floor Furnace		\$ 9.00	
	40	Suspended, Wall or Floor Heater		\$ 9.00	
	50	Any Vent Not Included in Appliance Permit		\$ 4.50	
	60	Repair, Alter, or Addition to Any Appliance		\$ 9.00	
Boilers, Compressors, Absorption Systems		<b>Boiler - Compressor      Absorption System BTU</b>			
	70	3HP or Less      100M or Less		\$ 9.00	
	80	Over 3 Inc.    15 HP      Over 100M Inc.    500M		\$ 16.50	
	90	Over 15 Inc.    30 HP      Over 500M Inc.    1,000M		\$ 22.50	
	100	Over 30 Inc.    50 HP      Over 1,000M Inc.    1,750M		\$ 33.50	
Air Handling, Vent Systems	120	Each Air Handling Unit to 10,000 CFM Including Ducts		\$ 6.50	
	130	Each Air Handling Unit over 10,000 CFM Including Ducts		\$ 11.00	
	140	Each Evaporative Cooler		\$ 6.50	
	150	Each Ventilation Fan Over 500 CFM Connected to Single Duct		\$ 4.50	
	160	Each Ventilation System		\$ 6.50	
	170	Each Hood Served by Mechanical Exhaust		\$ 6.50	
	180	Domestic Type Incinerator		\$ 11.00	
	190	Hydronic Piping		\$ 10.00	
	200	Any appliance or Piece of Equipment Regulated by This Code-- Where No Other Fee is Listed		\$ 6.50	
		Re-inspection Fee			
		Extra Inspection Because of:			
		<b>RESIDENTIAL PERMITS FLAT \$50; COMMERCIAL \$50 PLUS EACH ITEM LISTED</b>			\$
<b>Total</b>					

Company Officer Signature: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Business License No, (Required): \_\_\_\_\_