



**MECHANICAL / GAS PERMIT
BUILDING INSPECTION DEPARTMENT
CITY OF AIKEN
(803) 642-7675
Fax (803) 642-7672**

Mail payment and copy of this application to:

City of Aiken
Building Inspection Division
PO Box 1177
Aiken, SC 29802

Application is hereby made for permit and inspection for the following mechanical installation as described and in accordance with the Ordinance of the City of Aiken and subject to approval of the Building Inspector.

DATE: _____

PROPERTY ADDRESS: _____ SUBDIVISION _____

RESIDENTIAL COMMERCIAL NEW CONSTRUCTION ADDITION/ ALTERATION

MECHANICAL PERMIT	QUANTITY	UNIT CHARGE			SUB TOTAL
BASE PERMIT FEE	1	X	\$11.50	=	\$11.50
NEW MECH VAL. 1 st \$1,000		X	\$10.00	=	
NEW MECH. VAL. EACH ADD. \$1,000		X	\$2.00	=	
CHG. MECH. VAL 1 st \$1,000		X	\$5.00	=	
CHG. MECH. VAL. EACH ADD. \$1,000		X	\$2.00	=	
PERMIT AMOUNT TOTAL				=	

GAS PERMIT	QUANTITY	UNIT CHARGE			SUB TOTAL
BASE PERMIT FEE	1	X	\$6.50	=	\$6.50
GAS 1 st 4 OUTLETS (quantity = 1)		X	\$5.00	=	
GAS EACH ADDITIONAL OUTLET		X	\$1.00	=	
GAS CHANGE OUT 1 st UNIT		X	\$5.00	=	
GAS CHANGE OUT EACH ADD. UNIT		X	\$1.00	=	
PERMIT AMOUNT TOTAL				=	

REMARKS: _____

LICENSED PERSON (PRINT) _____ PHONE# _____

BUSINESS NAME _____

MAILING ADDRESS: _____
(STREET/ P.O. BOX) (CITY) (STATE) (ZIP CODE)

SIGNATURE _____

If you would like a copy faxed back to you, please put your fax # here: _____