



MECHANICAL PERMIT WORKSHEET

COMMUNITY DEVELOPMENT DEPARTMENT

1400 Highland Avenue, Manhattan Beach, CA 90266-4795
 Telephone (310) 802-5500 FAX (310) 802-5501 TDD (310) 546-3501

Permit #: _____

Date: _____

Reviewed By: _____

Job Address:	<input type="radio"/> Residential	<input type="radio"/> Commercial
Property Owner:	Phone: _____	
	Email: _____	
Applicant:	Phone: _____	
	Email: _____	
Contractor:	Phone: _____	
	Email: _____	
CSLB License No:	City License No: _____	

Permit Type: STAND ALONE RELATED TO CONST. REVISION OTHER

Project Description: _____

Applicant Acknowledgement Statement

I hereby acknowledge that I have read the application and state that the information I have provided is correct and agree to comply with all City Ordinances, State Regulations, and the provisions and conditions of any permit issued pursuant to this application. I understand that inspection and approval by the City Building Inspector is required. I also understand that the permit will expire if the building or work authorized is not commenced within 180 days from date of permit issuance or if work is suspended or abandoned any time after work is commenced for a period of 180 days.

Signature: _____

Date: _____

# OF FIXTURES	ITEM	FEE
	FURNACE/BURNER UP TO 100K BTU	23.50
	FURNACE/BURNER OVER 100K BTU	29.50
	FLOOR FURNACE	23.50
	WALL/FLOOR HEATER	23.50
	APPLIANCE VENT	13.50
	HEAT/REFRIG/COOLING UNIT	23.50
	BOILER/COMPRESSOR UP TO 3HP/100K BTU	23.50
	BOILER/COMPRESSOR UP TO 4HP TO 15HP/500K BTU	43.00
	BOILER/COMPRESSOR UP TO 16HP TO 30HP/1.00 MILL BTU	57.50
	BOILER/COMPRESSOR UP TO 31HP TO 50HP/1.75 MILL BTU	86.50
	BOILER/COMPRESSOR OVER 50HP/1.75 MILL BTU	138.00
	AIR HANDLING UNIT UP TO 10K CFM	17.10
	AIR HANDLING UNIT OVER 10K CFM	30.50
	EVAPORATIVE COOLER	19.00
	VENTILATION FAN	13.00
	VENTILATION SYSTEM	19.00
	HOOD	19.00
	REPAIR ALTERATION HEAT/REFRIG UNIT	23.50
	RELOCATION OF VENT/DUCT	23.50
COMMERCIAL PROJECTS, PROVIDE VALUATION ONLY:		

CITY USE ONLY

PERMIT TRANSFER	4022	
PERMIT FEE (includes \$68.00 filing fee)	4022	
HOURLY PLAN CHECK FEE	4221	
IMAGING FEE	4017	
AFTER-THE-FACT FEE	4022	
TOTAL FEES		