

Inspection Services Director
Thomas J. Waters, CBO, CFM

Chief Building Inspector
Don Marshall

Chief Mechanical Inspector
Tim Jordan



Engineering Manager –
Development/Inspections
Matthew Barclift, P.E., CFM

Chief Electrical Inspector
Ken Eddins

Chief Plumbing Inspector
Paul Antoine

MOBILE COUNTY PUBLIC WORKS

Richard A. Mitchell, P.E.
Public Works Director

MOBILE COUNTY PUBLIC WORKS

MECHANICAL PERMIT REQUEST

PHONE: 251-574-3507 FAX: 251-574-3509 EMAIL: permits@mobilecountyal.gov

Requests received after 4:00 pm will be processed the following business day.

Property Address: _____ Date: _____

Type of Structure: _____ Residential Commercial

Type of Inspection Request: _____ Requested date of Inspection _____

Property Owner/Applicant: _____ Phone # _____

Mechanical Contractor: _____ Email Address: _____

Mobile County Bus. License: _____ AL State HACRB Contractors License: _____

New Construction Change Out Add-On Duct Extensions Fire Place Mobile Home

Repairs to System Hood Refrigeration

Fuel Type: *Electric* *Heat Pump* *Natural Gas* *LP Gas* *Geothermal

***Manufacturer: _____**

***SEER rating: #1 #2 #3 #4 Tonnage or HP #1 #2 #3 #4**

Refrigerant Type _____ Gas Heat % _____ KW _____

1. A contract or signed estimate on company letterhead as required to issue permit.

2. A copy of the recorded deed is required if the address is not valid.

I attest that I or the company I represent will be performing the work necessary to complete the above Mechanical installation. The work will comply with 2018 IMC, IRC, IBC, 2017 NEC and all other applicable codes. I agree to pay all additional credit card transaction fees charged by the processing company for the permit issuance. I agree to recognize the facsimile signature below to be legal and binding as an original. It shall be the responsibility of the permit holder to explain the permit and inspection process to the customer. Initial request date for inspection shall be requested by the permit holder and **contact information for the customer must be provided.**

Signature: _____ Phone No.: _____

Printed Name: _____ Company Name: _____