



Village of Liverpool

310 Sycamore Street, Liverpool, NY 13088

Phone: (315) 457-3441, Fax: (315) 457-5119

Email: codes@villageofliverpool.org

Mechanical Permit Application

All applicable sections of this application must be completed or the application will be returned.

OFFICE USE ONLY

Permit Number:	Date Received:
Approved By:	Date Approved:
Date Notified:	Permit Fee: \$
Denied By:	Date Denied:
Reason Denied:	

PROPERTY LOCATION & OWNER

PROPERTY ADDRESS		TAX MAP NO. _____-_____-_____	
PROPERTY OWNER	ADDRESS <input type="checkbox"/> Same as above		OWNER PHONE
CITY	STATE	ZIP	OWNER EMAIL

APPLICANT ☐ Same as above

NAME		RELATIONSHIP TO OWNER	
ADDRESS		PHONE	
CITY	STATE	ZIP	EMAIL

PROJECT DETAILS

PROJECT TYPE <input type="checkbox"/> Residential <input type="checkbox"/> Commercial	ESTIMATED COST OF ALL WORK – MATERIALS AND LABOR \$
DESCRIPTION OF PROPOSED WORK	

EQUIPMENT AND MATERIALS TO BE UTILIZED – Include all mechanical equipment, appliances, vents, gas pipe, etc. (Use separate sheet if needed)

BRAND	MODEL	LISTED BY

CONTRACTOR

COMPANY NAME		DESIGN PROFESSIONAL	
ADDRESS		NAME	
CONTACT NAME		ADDRESS	
PHONE	PROFESSION <input type="checkbox"/> RA <input type="checkbox"/> PE <input type="checkbox"/> Other	PHONE	
EMAIL	EMAIL		

APPLICANT CERTIFICATION

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Inspections Required: I understand I am responsible to ensure that the required building inspections are performed by the appropriate inspector and have been approved prior to concealing any work.

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Phone: (315) 457-3441, Fax: (315) 457-5119

Email: codes@villageofliverpool.org

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Date Notified:	Permit Fee: \$
Denied By:	Date Denied:
Reason Denied:	

PROPERTY LOCATION & OWNER

PROPERTY ADDRESS		TAX MAP NO. _____-_____-_____	
PROPERTY OWNER	ADDRESS <input type="checkbox"/> Same as above		OWNER PHONE
CITY	STATE	ZIP	OWNER EMAIL

APPLICANT ☐ Same as above

NAME		RELATIONSHIP TO OWNER	
ADDRESS		PHONE	
CITY	STATE	ZIP	EMAIL

PROJECT DETAILS

PROJECT TYPE <input type="checkbox"/> Residential <input type="checkbox"/> Commercial	ESTIMATED COST OF ALL WORK – MATERIALS AND LABOR \$
DESCRIPTION OF PROPOSED WORK	

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BRAND	MODEL	LISTED BY

CONTRACTOR

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CONTACT NAME		ADDRESS	
PHONE	PROFESSION <input type="checkbox"/> RA <input type="checkbox"/> PE <input type="checkbox"/> Other	PHONE	
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