



Town of New Castle Building Dept.
 PO Box 90
 450 West Main Street
 New Castle, CO 81647
 970-984-2311
 Fax: 970-984-2716
 www.newcastlecolorado.org

MECHANICAL PERMIT

Job Address:		
Subdivision:	Block No:	Lot No:
Owner:		Phone:
Owner's Address:		
Mechanical Contractor:		Phone:
Contractor's Address:		
Town of New Castle Contractor's License No:		

Type of Work: <input type="checkbox"/> Modular Home <input type="checkbox"/> Remodel				Valuation of work:			
Permit Fees: Enter the number of each item and total							
No.	Item	Fee	Total	No.	Item	Fee	Total
	Forced air furnace up to & including 100,000 BTU/hr	13.25			Evaporative cooler other than portable type	9.50	
	Same as above, over 100,000 BTU/hr	16.25			Ventilation Fan	6.50	
	Installation of each heater	13.25			Range hood	9.50	
	Installation of each boiler or compressor up to 3 HP or each absorption system up to 100,000 BTU/hr	13.15			Clothes Dryer	6.50	
	Same as above, over 3 HP to 15 HP; over 100,000 to 500,000 BTU/hr.	24.25			Gas piping: 1-5 outlets	5.50	
	Same as above, 15 to 30 HP; 500,000 to 1,000,000 BTU/hr	33.25			Each additional outlet for above	1.00	
	Fireplace, Gas appliance or EPA approved wood burning	9.25			Air handling unit over 10,000 cfm	16.15	
COLUMN TOTAL				COLUMN TOTAL			
TOTAL FEES (Columns 1+2)							

AGREEMENT

I hereby certify that I have read and examined this application and know that all information is true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Signature of Contractor _____ Date _____ Signature of Owner _____ Date _____

 For Town Use Only

Permit Fee: \$50.00	Total From Above:	TOTAL DUE:
MECHANICAL PERMIT NO:		Date: _____ Issued By: _____