



CITY OF SEDALIA
 200 SOUTH OSAGE AVE.
 SEDALIA, MO 65301
 660.827.3000
 WWW.CITYOFSEDALIA.COM

Mechanical Permit Application

Date: _____

Job

Address: _____

Building/Property Owner

Mechanical Contractor

Name: _____

Name _____

Mailing Address: _____

Mailing Address: _____

City, State, Zip _____

City, State, Zip _____

Class of work: New Addition Alteration Repair

Describe work:

Type of Equipment	No.	Type of Equipment	No.
Forced Air Systems-Btu/h		Air Handling Unit	C.F.M
Gravity Systems- Btu/h		Evaporative Coolers	
Floor Furnaces		Ventilation Fan	
Wall Heaters		Range Hood	
Unit Heaters		Incinerator	
Gas-fired A.C. Units- Btu/h		Clothes Dryer	
Air Cond. Units-Hp. Ea.		Gas Piping (when applicable)	
Boilers- Hp. Ea			

New Home	Industrial	Apt. House	Public Owned
	Commercial	Accessory Structure	