

**FILLMORE CITY  
MECHANICAL PERMIT SYSTEM INSTALLATION**

<b>Application No.</b> _____
Name of Applicant _____
Address _____
Phone _____
Job site _____
Type or purpose of Installation _____
Contractor _____
Owner Signature: _____
Date: _____

<b>INSPECTION REPORT</b>
Date of Inspection _____
Remarks _____
_____
_____
Building Inspector Approval: _____
Date: _____

**PERMIT**

Permit # \_\_\_\_\_ Date \_\_\_\_\_

This application becomes a valid permit when signed by the Fillmore City Recorder.

City Recorder: \_\_\_\_\_

Date: \_\_\_\_\_