



Town of Atoka

Phone: (901) 837-5300 / Fax: (901) 837-0028

www.townofatoka.com

Application for Mechanical Permit

(2018) International Building Code Series is enforced)

PROPERTY INFORMATION

Property Owner Name: _____ Contact Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Map & Parcel: _____ Zoning District: _____ (SN8, SN10, MR, ATC, NC, HC, I, FAR)

CONTRACTOR INFORMATION *(if applicable)*

Name: _____ Contact Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Contractor License#: _____

TYPE OF IMPROVEMENT *(check all that apply)*

HVAC (new) HVAC (replacement) Water Heater Gas Appliance *(water heater, range, logs, etc.)*

Estimated Project Cost of Improvement: \$ _____

CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her authorized agent and understand and assume responsibility for the establishment of the official property lines for required setbacks prior to starting construction and agree to conform to all applicable laws of this jurisdiction. I further certify that this information given is true and correct to the best of my knowledge.

Applicant Signature: _____ Date: _____

Municipal / Inspector Use Only

Zoning Code: _____ Building Code: _____

Flood Plain: _____ Yes _____ No Stormwater Required: _____ Yes _____ No

Building Plan Review: Approved _____ Not Approved _____ Date: _____ Code Official: _____

Codes Administrator: Approved _____ Not Approved _____ Date: _____ Code Official: _____

Zoning Plan Review: Approved _____ Not Approved _____ Date: _____ Code Official: _____

Special Notes: _____

