



IT ALL HAPPENS HERE™

200 E Broadway, Hobbs, NM 88240 (575)-391-8158

**COMMERCIAL MECHANICAL/PLUMBING PERMIT APPLICATION**

All separate structures and services require individual permits

Permit No. _____ Issued Date: _____  Check one: Mechanical _____ Plumbing _____  New _____ Remodel _____ Valuation: \$ _____	Contractor: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ NM Lic: _____ Email: _____
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Job Address: _____ Owner's Name: _____ Address: _____ Phone No: _____	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Quantity</th> <th colspan="2" style="text-align: right;">Fees</th> </tr> </thead> <tbody> <tr><td>_____ Each Gas Wall Heater</td><td style="text-align: right;">\$ 4.00</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>_____ Each Gas Pipe Outlet</td><td style="text-align: right;">\$ 4.00</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>_____ Each Other Gas Unit</td><td style="text-align: right;">\$ 4.00</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>_____ Each Solar Space Heating System</td><td style="text-align: right;">\$20.00</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>_____ Each Vacuum Breaker or Back Flow Device</td><td style="text-align: right;">\$ 4.00</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>_____ 4" Sewer Tap</td><td style="text-align: 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**COMMERCIAL FEES**

Note:  
 1. Projects bigger than a four-plex on a single lot shall be considered as commercial.  
 2. Re-inspection fees are \$60.00 and shall be paid before next inspection or final inspection.  
 3. Any item requiring electrical work must have electrical permit.  
 4. For plan review: If Mechanical/Plumbing plans are not submitted with building plans a 20% of permit fee will be charged.

Quantity	Fees	
<b>1 Administrative Fee</b>	\$37.50	\$ <b>37.50</b>
_____ Each Duct Work Systems	\$10.00	\$ _____
_____ Each Evaporative Coolers	\$ 6.00	\$ _____
_____ Package Units	\$50.00	\$ _____
_____ Air Handler	\$30.00	\$ _____
_____ Gas Furnace	\$20.00	\$ _____
_____ Each Fan Coil Unit	\$ 4.00	\$ _____
_____ Condenser A.C.	\$15.00	\$ _____
_____ Condenser H.P.	\$20.00	\$ _____
_____ Each Refrigeration System	\$ 6.00	\$ _____
_____ Each Steam & Condensate Piping	\$10.00	\$ _____
_____ Each Water Heater Appliance	\$ 4.00	\$ _____
_____ Each Swimming Pool/Spa	\$50.00	\$ _____
_____ Each Combination Unit (HVAC)	\$ 4.00	\$ _____
_____ Each Cooling Tower	\$10.00	\$ _____
_____ Each Medical Gas System	\$10.00	\$ _____
_____ Each Central Furnace	\$ 4.00	\$ _____
_____ Each Commercial Duct System	\$20.00	\$ _____
_____ Each Gas Piping System	\$ 6.00	\$ _____
_____ Each Gas Yard Line	\$ 4.00	\$ _____
_____ Each Gas Appliance	\$ 4.00	\$ _____

Total Fees Paid \$ \_\_\_\_\_ Received By: \_\_\_\_\_ Date: \_\_\_\_\_ Ck \_\_\_\_\_ Cash \_\_\_\_\_ Other \_\_\_\_\_

I, \_\_\_\_\_ as the Contractor, hereby agree to comply under this permit with all City, State and Federal codes.

Contractor's Signature \_\_\_\_\_ Date \_\_\_\_\_

All applications must be signed.



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**RESIDENTIAL MECHANICAL/PLUMBING PERMIT APPLICATION**

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Permit No. \_\_\_\_\_ Issued Date: \_\_\_\_\_

Check one: Mechanical \_\_\_\_\_ Plumbing \_\_\_\_\_

New \_\_\_\_\_ Remodel \_\_\_\_\_ Valuation: \$ \_\_\_\_\_

Job Address: _____ Owner's Name: _____ Address: _____ Phone No: _____	Contractor: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ NM Lic: _____ Email: _____
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RESIDENTIAL FEES		
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Quantity		Fees
<u>1</u> Administrative Fee	\$10.00	\$ <u>10.00</u>
___ Duct Systems	\$20.00	\$ _____
___ Evaporative Coolers	\$15.00	\$ _____
___ Package Units	\$50.00	\$ _____
___ Air Handler	\$30.00	\$ _____
___ Gas Furnace	\$20.00	\$ _____
___ Coil	\$15.00	\$ _____
___ Condenser	\$15.00	\$ _____
___ Condenser H.P.	\$20.00	\$ _____
___ Refrigeration System	\$25.00	\$ _____
___ Steam & Condensate Piping	\$15.00	\$ _____
___ Water Heater Appliance	\$10.00	\$ _____
___ Hot Water Radiant Heater	\$10.00	\$ _____
___ Roof Drainage System	\$10.00	\$ _____
___ Domestic Hot Water System	\$20.00	\$ _____
___ Ventilation Systems	\$10.00	\$ _____
___ Gas Piping Systems	\$20.00	\$ _____
___ Gas Yard Line	\$20.00	\$ _____
___ Other Gas Appliance	\$15.00	\$ _____
___ Gas Wall Heater/Appliance	\$25.00	\$ _____
___ Mercury Test	\$10.00	\$ _____

  

Quantity		Fees
___ 4" Sewer Tap	\$30.00	\$ _____
___ 6" Sewer Tap	\$40.00	\$ _____
___ Kitchen Hoods	\$10.00	\$ _____
___ Swimming Pools/Spa Ea.	\$50.00	\$ _____
___ Water Conditioners	\$10.00	\$ _____
___ Water Distribution System	\$10.00	\$ _____
___ Grease Traps	\$15.00	\$ _____
___ Sewer Main	\$10.00	\$ _____
___ Water Main	\$10.00	\$ _____
___ Plumbing w/ Fixtures	\$10.00	\$ _____
___ Plumbing w/o Fixtures	\$10.00	\$ _____
___ Sprinkler System	\$30.00	\$ _____
___ Other _____	\$15.00	\$ _____
Total		\$ _____

Total Fees Paid \$ \_\_\_\_\_ Received By: \_\_\_\_\_ Date: \_\_\_\_\_ Ck \_\_\_\_\_ Cash \_\_\_\_\_ Other \_\_\_\_\_

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