

## PRELIMINARY MECHANICAL PERMIT APPLICATION

Job Address			
Property Owner Name		Contractor Name	
Mailing Address			
Phone			
		Contractor License #	
Description of Work:			
		olication and know the same to be true and be complied with whether specified or im  Signature of Contractor	
	FOR DEPA	ARTMENT USE ONLY	
Mechanical Permit Fee			
TOTAL PERMIT FEE			
Signature of City Clerk/Treasurer		Signature of Building Inspector	

City of Newport

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