

**THE CITY OF OAKLAND  
MECHANICAL PERMIT APPLICATION**

**PERMIT FEE: \$30.00**  
**INSPECTION FEE: \$30.00 EACH**

**DATE:** \_\_\_\_\_

Name of Property Owner: \_\_\_\_\_

Property Owner Address: \_\_\_\_\_

Project Address: \_\_\_\_\_

Property Owner Contact Numbers:  
\_\_\_\_\_ cell \_\_\_\_\_ day \_\_\_\_\_ evening

Contractor's Name: \_\_\_\_\_

Contractor's Street Address/Phone: \_\_\_\_\_

Start Date: \_\_\_\_\_ Finish Date: \_\_\_\_\_

Description of Project:  
Type of Work: \_\_\_\_\_  
(Please indicate model, brand, capacity on HVAC units)

Certificate/License#: \_\_\_\_\_ Estimated Cost: \_\_\_\_\_

Number of Inspections:  
Rough \_\_\_\_\_ Final \_\_\_\_\_ Additional \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

**INSTRUCTIONS:**

When application is completed, please return with check made payable to the *City of Oakland, P. O. Box 220511, St. Louis, MO 63122*. Should you have any questions about your project, please contact the City Administrator/City Clerk at 314-416-0026. Once the unit(s) is installed, please contact Greg Hanser at 420-7481 to schedule a final inspection.

**FOR OFFICE USE ONLY:**

Application Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

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