



**Montgomery County**  
**Department of Permitting Services**

2425 Reedie Drive, 7<sup>th</sup> Floor  
 Wheaton, Maryland 20902  
 Phone: (240)777-0311

[DPS.Electrical-Mechanical@montgomerycountymd.gov](mailto:DPS.Electrical-Mechanical@montgomerycountymd.gov)

<https://www.montgomerycountymd.gov/DPS/Codes/Electrical-Mechanical-Index-Page.html>



**Commercial Mechanical Permit Application**

**Permit Application Process**

1. Do not use this form for Residential Mechanical Permits Application. Residential mechanical application must be applied for electronically via Apply Online.
2. Commercial Mechanical Permits **Application must be emailed to:** [DPS.Electrical-Mechanical@montgomerycountymd.gov](mailto:DPS.Electrical-Mechanical@montgomerycountymd.gov)
3. This fillable Application must be typed & completed before emailing.
4. DPS will process the emailed application and will email payment instructions to applicant.
5. Payments must be made online via electronic check or credit card.
6. DPS will not accept mailed in paper commercial mechanical applications or paper checks.
7. This permit can be voided with a written request from the Master HVAC or Homeowner. A new mechanical permit shall be obtained within 30 days.
8. **\* Required Information.**

A/P# \_\_\_\_\_ **\*Building Permit #** \_\_\_\_\_ **\*General Permit # for Propane Tanks only** \_\_\_\_\_

**Additional Requirements:**

\*A commercial building permit must be issued prior to the issuance of a mechanical permit, unless it's for in-kind unit replacement. An electrical permit is also required for any electrical work to be performed. For propane tanks a general permit must be issued prior to the issuance of a mechanical permit.

**Location of Building Premise**

Street Address \_\_\_\_\_ Suite/Floor \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Applicant (Company/Person) Information**

Name \_\_\_\_\_  
 Company/Person that Permit will be issued to  
 Street Address \_\_\_\_\_ Suite/Floor \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone # \_\_\_\_\_ **\*E-mail Address** \_\_\_\_\_  
 Name of Firm \_\_\_\_\_ Phone # \_\_\_\_\_  
 Masters Name \_\_\_\_\_ Phone # \_\_\_\_\_ **\*E-mail Address** \_\_\_\_\_  
 State HVAC License # \_\_\_\_\_ State Master Plumber License # \_\_\_\_\_ (LP-gas installation only)  
 State HVAC Expiration # \_\_\_\_\_  
 State LP-Gas Certified # (for LP-gas installation only) \_\_\_\_\_  
**Original Signature of Master:** \_\_\_\_\_ Date: \_\_\_\_\_

Contact \_\_\_\_\_ Telephone # \_\_\_\_\_  
 Property Owner \_\_\_\_\_ Date \_\_\_\_\_ Phone # \_\_\_\_\_

**Equipment Detail – Check Applicable**

**Work Type:**

New  Replace

**Commercial Construction Cost:**

A. Contract Value \$ \_\_\_\_\_  
 B. Material and Equipment Value \$ \_\_\_\_\_

**Make sure the contract value is higher than material and equipment value**

**Fees**

Fees may be subject to annual changes effective July 1<sup>st</sup>.  
 Permit fees are assessed per **Fee Schedule** for fees associated with **Mechanical**

**Check All That Apply**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Cooling Towers | <input type="checkbox"/> Commercial Hoods     | <input type="checkbox"/> Ductwork            |
| <input type="checkbox"/> Fuel-Oil Pumps | <input type="checkbox"/> Hydronic System Pump | <input type="checkbox"/> Piping of Equipment |
| <input type="checkbox"/> Other _____    |   |  |

**PLEASE IDENTIFY WHICH OF THE FOLLOWING EQUIPMENT(S), ARE BEING INSTALLED OR REPLACED. INDICATE CAPACITY AND QUANTITY AS APPROPRIATE.**

\*Please note all capacity must be converted to TONS or MBH.  
**KEY/UNITS:**  
 1 MBH = 1000 BTUH    1KW = 3.4MB    1 TON – 12,000 BTUH    WG – WATER GALLON  
**Example: 20,000 BTUH = 20 MBH and 24,000 BTUH = 2 TONS**

	EQUIPMENT TYPE (CHECK IF APPLICABLE)	*TOTAL CAPACITY	*TOTAL QUANTITY
1	<b>Cooling Equipment</b> <input type="checkbox"/> Gas <input type="checkbox"/> Elect <input type="checkbox"/> Oil <input type="checkbox"/> Other  <b>Equipment Type</b> <input type="checkbox"/> Chiller <input type="checkbox"/> Refrigeration Unit	TONS*	
2	<b>HEATING EQUIPMENT</b> <input type="checkbox"/> Gas <input type="checkbox"/> Elect <input type="checkbox"/> Oil <input type="checkbox"/> Other	MBH*	
3	<b>Prefabricated FIREPLACE</b>		
4	<b>Prefabricated CHIMNEY</b>		
5	<b>TANKS (EXPANSION)</b>		
6	<b>TANKS (FUEL-OIL, LP-GAS)</b> General permit must be obtained before applying for Tanks		

**Authorized Agent Affidavit**

I Hereby declare and affirm, under the penalty of perjury, that:

1. I am duly authorized to make this permit application on behalf of \_\_\_\_\_
2. The work proposed by this building permit application is authorized by the property owner; and
3. All matters and facts set forth in this Affidavit are true and correct to the best of my knowledge, information and belief.

Signature of Authorized Agent \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

**Affidavit**

In applying for an exemption from the licensing requirements to obtain a mechanical permit, the following must be true. Check one.

- An individual owner of a single-family dwelling while that owner is practicing heating, ventilation, air conditioning, or refrigeration services on or within a building or structure owned by the individual
- An individual who is building a single-family dwelling in which that individual will reside while practicing heating, ventilation, air conditioning, or refrigeration services on or within that dwelling.
- Other (explain) \_\_\_\_\_

All matters and facts set forth in this Affidavit are true and correct to the best of my knowledge, information, and belief. I hereby declare and affirm, under the penalty of perjury, all of the above:

Signature of Property Owner \_\_\_\_\_ Date \_\_\_\_\_

Print Name: \_\_\_\_\_