MECHANICAL PERMIT

CITY OF COLLEGE STATION

1101 Texas Avenue
College Station, TX 77840
979.764.3570 / 979.764.3496 (Fax)
WWW.CSTX.GOV

CITY OF COLLEGE STATION
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For Office Use Only

Date: _____

Application No.:_____

Project Address / Location _____

Subdivision _____

Contractor _____ Phone _____

Fax _____ E-mail _____

Homeowner _____ Phone _____

Fax _____ E-mail _____

Contact Person for Review Comments _____ Phone _____

Fax _____ E-mail _____

Description of Work _____

☐ Gas Furnace ☐ Heat Pump

Valuation $ _____ Total Area _____ Heated Area _____

(Cost of Labor and Materials)

System Tonnage _____

A/C SEER Rating _____

R value of ductwork (If new or replacing) _____

Signature of Applicant: _____