City of Tempe
P. O. Box 5002
31 East Fifth Street
Tempe, AZ 85280
480-350-8341
www.tempe.gov

Tempe

Development Services Department
Building Safety Division

APPLICATION FOR M-E-P PERMIT

DATE: _____

JOB ADDRESS: _____ *Bldg.#:*_____ *Fl.#:*_____ *Suite/Unit #:*_____

OWNER'S NAME: _____ **Telephone #:** _____

APPLICANT'S NAME: _____ **Telephone #:** _____

APPLICANT'S ADDRESS: _____

DESCRIPTION OF WORK: _____

TYPE OF WORK:		☐ *Mechanical*	☐ *Electrical*	☐ *Plumbing*
BUILDING IS:	☐ *New*	☐ *Existing*	☐ *Addition*	☐ *Alteration*
SYSTEM/UNIT IS:	☐ *New*	☐ *Replacement*	☐ *Addition*	☐ *Alteration*

Equipment Only Inspection Request
(to be filled out by Applicant)

Date of Inspection:____/____/____

Please Circle inspection Time period: 7-9am 8-10 9-11 10-12 11-1pm 12-2 1-3
Please note that inspection time is not guaranteed

Check items below - Indicate number of units

MECHANICAL

Mechanical Alter, Repair or Add'n: _____
VENTILATION FAN: _____
VENTILATION SYS/EVAPORATIVE COOLER: _____
REFRIGERATION SYSTEM thru 3 tons: _____
REFRIGERATION SYS >3 thru 15 tons: _____
REFRIGERATION SYS >15 thru 30 tons: _____
REFRIGERATION SYS >30 thru 50 tons: _____
REFRIGERATION SYSTEM > 50 tons: _____
HEATER (floor, suspend, recessed): _____
APPLIANCE VENT: _____

*** NON-HAZARDOUS PROCESS PIPING ***
Enter number of OUTLETS: _____
*** HAZARDOUS PROCESS PIPING ***
Enter number of OUTLETS: _____
FURNACE/BURNER thru 100,000 Btuh: _____
FURNACE/BURNER >100,000 Btuh: _____
AIR HANDLING UNIT thru 10,000 CFM: _____
AIR HANDLING UNIT >10,000 CFM: _____
Each HOOD or Misc APPLIANCE: _____
INCINERATOR - domestic: _____
INCINERATOR - commercial/industrial: _____
ABSORPTION SYSTEM thru 100M Btuh: _____
ABSORP SYS >100M - 500M Btuh: _____
ABSORP SYS >500M - 1000M Btuh: _____
ABSORP SYS >1000M - 1750M Btuh: _____
ABSORPTION SYSTEM >1750M Btuh: _____
Enter 'Y' for - MECH INVEST FEE: _____

PLUMBING

No. of PLUMBING FIXTURES or TRAPS: _____
REPAIR/ALT/INSTALL of Water Piping: _____
No. of WATER HEATERS and/or VENTS: _____
No. of BUILDING or TRAILER SEWERS: _____

BACKFLOW PROTECTION DEVICES
ATMOSPHERIC TYPE
Enter number of DEVICES: _____
OTHER THAN ATMOSPHERIC TYPE
No. of DEVICES thru 2" diameter: _____
No. of DEVICES >2" diameter: _____
GAS PIPING SYSTEM
Enter number of OUTLETS: _____
REPAIR or ALTERATION OF DWV System: _____
No of PRIVATE SEWAGE DISPOSAL SYS: _____
WASTE PRE-TREATMENT / INTERCEPTORS: _____
No. of CESSPOOLS: _____
RAINWATER SYS - per drain (in Bldg): _____
No. of LAWN SPRINKLER SYS w/ BFP: _____
Enter 'Y' for PLBG INVEST FEE: _____

ELECTRICAL

No. of BRANCH CIR (New,Add,Alt): _____
SERVICE ENTRANCE thru 200 amps: _____
SERVICE ENTRANCE 201 - 1000 amps: _____
SERVICE ENTRANCE >1000 amps: _____
CONSTRUCTION SERVICE: _____
TEMPORARY USE: _____
Enter 'Y' for ELECT INVEST FEES: _____