Refrigeration Permit

1. Address	_ F/R -	SHORT FORM Application for				
2. Type of Work □ Erect □ Addition □ Alteration Same U □ Alteration New Use □ Repair □ Repair − Order of Bldg. Dept □ Miscellaneous	Jse		REFRIGE	RATION I	PERMIT	
3. Description of Work:		Appli	cation #:			
	— [THIS COLUMN FOR DEPARTMENT USE ONLY				
		EXAMINATION				
☐ Air Cooled ☐ Remote		Ck.	Routing	Date	Approval	
□ Water Cooled □ Self Contained	— [REFRIGERATION			
4. Building Owner:		Code	Pl	ERMIT FEES		
Add		30	REFRIGERATION			
Phone No City	I '		HEINIGENATION			
State Zip		TOTAL				
7. Contractor			•		-	
Add.						
Phone No Lic						
City: State: Zip						
Use of Building:		DUONE #				
CONTACT NAME: F			#:			
The undersigned hereby certifies that the statements in compliance with Chapter 13-192 of the Municipal C systems shall not be installed in an enclosed public statement of the complex of the statement of the complex	ode of Chica	ago an	d the piping associa	ated with the		
SIGNED:						
TITLE:						
ADDRESS:						
OFFICE USE:						
☐ No Stop Work Order						

