



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

Permit No: \_\_\_\_\_

The City of Liberty Community Development Department  
**Mechanical Permit Application**

Phone: 936-336-3684 | Fax: 936-336-9846 | Email: [permits@cityofliberty.org](mailto:permits@cityofliberty.org)  
1829 Sam Houston, Liberty, Texas 77575

This permit must be posted at the job site

New Construction or Addition: Residential [\$0.032 per sf] \_\_\_\_\_

Single Trade: Residential [\$55] \_\_\_\_\_

New Construction or Addition: Commercial [\$200] \_\_\_\_\_

Single Trade: Commercial [\$85] \_\_\_\_\_

Job Location: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Owner Phone: \_\_\_\_\_

Owner E-Mail Address: \_\_\_\_\_

Contractor Name: \_\_\_\_\_

Contractor Address: \_\_\_\_\_

Contractor Office Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Contractor E-Mail Address: \_\_\_\_\_

Contractor State License Number: \_\_\_\_\_

Expires: \_\_\_\_\_

**Structure Setbacks:** Front: \_\_\_\_\_ Side: \_\_\_\_\_ Side: \_\_\_\_\_ Back: \_\_\_\_\_

**Type of Heat:** Gas \_\_\_\_\_ Electric \_\_\_\_\_ **Type of A/C:** Central \_\_\_\_\_ Window Units \_\_\_\_\_

**Description of work to be done:** \_\_\_\_\_

**Unit Size, Duct Rating, and SEER Ratings:** \_\_\_\_\_

**Square Footage:** \_\_\_\_\_ Estimated time to complete \_\_\_\_\_ days

**Note:** square footage does not apply to single-trade permits

I, \_\_\_\_\_, hereby certify that I have read this application and filled all information required by the City of Liberty. I understand that all work will be performed in compliance with the **Mechanical and/or Fuel Gas Section of the 2021 International Residential Code or the 2021 International Mechanical and/or Fuel Gas Code**, ordinances and laws adopted by the City of Liberty and State of Texas. I also acknowledge that the City of Liberty or its authorized agent is not responsible or liable for verification of information enforcing deed restrictions, covenants or homeowner association requirements. The City of Liberty shall never be liable for any damage or loss by reason of the issuance hereof. I, as the authorized agent of the owner, will allow the City Manager or his authorized agent access to perform inspections during normal working hours.

**\* All permit fees must be paid before any work can begin.**

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Licensed Contractor Signature: \_\_\_\_\_

Date of Approval: \_\_\_\_\_

Approved by: \_\_\_\_\_

Permit Fees: \_\_\_\_\_

(updated 01-03-2024)