



CERTIFICATE OF INSURANCE REQUIREMENTS

Each Certificate of Insurance must show the certificate holder as follows:

**City of Odessa
Building Inspection Division
P.O. Box 4398
Odessa, Texas 79760**

Each contractor is responsible for maintaining their required insurance. The City does not notify contractors of expired insurance certificates and can not request a certificate of insurance from the insurance company.

ELECTRICAL

- 1) Bodily injury in the amount of \$300,000
- 2) Completed Operations in the amount of \$20,000
- 3) Property Damage in the amount of \$20,000

PLUMBING

- 1) Liability and Property Damage in the amount of \$300,000
- 2) In order to work past the property line in the City Right of Way, contractors will need to furnish a certificate of insurance to the Engineering Division to obtain the required Right of Way (ROW) permit.

MECHANICAL

The contractor shall provide a certificate of insurance for the following coverage:

- 1) **Each Class A** license applicant or holder shall have in force commercial general liability insurance in an amount not less than \$300,000 combined for Property damage and bodily injury sustained by one or more persons, \$300,000 aggregate (total amount the policy will pay), and \$300,000 aggregate for products an completed operations. In the event claims occur which reduce the required coverage to a level of \$350,000 or less, the licensee shall reinstate the coverage to the original \$300,000 amount or greater.
- 2) **Each Class B** license applicant or holder shall have in force commercial general liability insurance in an amount not less than \$100,000 combined for property damage and bodily injury sustained by one or more persons, \$100,000 aggregate (total amount the policy will pay), and \$100,000 aggregate for products and completed operations. In the event claims occur which reduce the required coverage to a level of \$75,000 or less, the licensee shall reinstate the coverage to the original \$100,000 amount or greater.

Certificate of Insurance 02/12





MECHANICAL PERMIT APPLICATION

(CONTRACTOR ONLY)

PERMIT NUMBER:

Must use Permit Number to request inspection.

PERMITS ARE REQUIRED TO BE ISSUED PRIOR TO START OF WORK.
FOR CITY TO PROCESS, APPLICATION MUST BE COMPLETE-DO NOT ABBREVIATE-ONLY ONE ADDRESS PER PERMIT

PROJECT ADDRESS: _____ BLDG. OR APT#: _____

MECHANICAL CO.: _____

NAME OF MECH. LIC. HOLDER: _____ AIR COND./REFRIG. LIC. #: _____

ADDRESS: _____ CITY/ST: _____ ZIP: _____

EMAIL: _____ PHONE#: _____ FAX#: _____

[] PROPERTY OWNER [] GENERAL CONTRACTOR: _____

OWNER OR G.C.'S PHONE#: _____

ESTIMATE, BID OR CONTRACT AMOUNT FOR WORK TO BE PERFORMED: \$ _____

Indicate the work to be performed:

- [] New Construction**
- [] Room Addition With Mechanical** (Describe Below)
- [] New Equipment Installation in Existing
- [] 1st Time Installation of A/C & Duct
- [] Replace Existing Unit(s) Only, # Units _____
- [] Replace Complete A/C System, # Units _____
- [] Replace Duct System**
- [] Other** (Describe Below)
- [] Reinspection Fee

Number of units: _____ Size of each unit: _____ TON, _____ TON, _____ TON, _____ TON

*Building plan and permit must be on file prior to issue of the Mechanical permit.

**Attach permit application to Mechanical plan.

NOTE: DO NOT REQUEST AN INSPECTION WITH THE SUBMITTAL OF THIS FORM. THIS FORM IS FOR THE PROCESSING OF PAYMENTS ONLY. WORK STARTED PRIOR TO THE ISSUE OF A PERMIT IS SUBJECT TO PENALTIES AND CITATIONS.

I acknowledge the information submitted on this permit application is true and correct. I agree to comply with the requirements of the codes and ordinances adopted by the City of Odessa, the laws of the State of Texas and will obtain all required inspections. I understand this application is not a permit until the processing has been completed by the city and returned to the applicant with the permit number attached.

Authorized Signature

Date

Print Name Legibly

CITY CONFIRMATION OF ISSUE OF PERMIT

APPROVED BY: _____ SF x _____ ¢= _____ FEE: \$ _____

ISSUED BY: _____ DATE: _____

MECHANICAL PERMIT APPLICATION 01/12

