



MECHANICAL PERMIT APPLICATION

Date of Application: _____

Job Address: _____ PIN#: _____

OWNER INFORMATION	CONTRACTOR INFORMATION
Name:	Name:
Address:	Address:
Email:	Email:
Phone:	Phone:

PROPERTY TYPE	CONSTRUCTION TYPE
<input type="checkbox"/> Civic & Institutional <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Residential - 1 & 2 Family <input type="checkbox"/> Residential - Multi-Family <input type="checkbox"/> Residential - Townhome/Tracthome	<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Remodel/Alteration/Repair

Describe Work:

Value of Work: \$

The undersigned hereby makes application for mechanical work as herein specified, that all the statements are true and that all the work herein mentioned will be done in accordance with City Ordinances and the State of Minnesota Mechanical Code. Permit may be revoked upon violation of any of the above stipulations and provisions.

You must call for all required inspections and a final inspection

SIGNATURE:	PRINTED NAME:
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Revised : 2/28/2018