



COMMERCIAL MECHANICAL PERMIT

Permit # _____

Date Received _____

16319 Kettle River Blvd, Columbus, MN 55025
Phone: 651-464-3120

TO BE FILLED OUT BY APPLICANT INCOMPLETE APPS MAY NOT BE PROCESSED

SITE ADDRESS:		PID:	
PROPERTY OWNER:		Address:	
City:	State:	Zip:	Email:
Contact Name:		Phone:	
Mechanical Contractor:		Address:	
City:	State:	Zip:	Phone: Fax:
State Bond No:		Contact Name:	
Email:		Contact Phone:	
<i>Indicate type of project, fixtures, and gas lines you will be installing or replacing (include count for each type of fixture):</i>			
Detailed Description of Work:		<input type="checkbox"/> New Construction <input type="checkbox"/> Replacement (one fixture only, no piping or vent changes. i.e. boiler, water heater, furnace/AC, softener)	
Valuation:		<input type="checkbox"/> Addition/Remodel <input type="checkbox"/> Other _____	
MECHANICAL APPLIANCES		GAS LINES	
<u>Quantity</u>	<u>Quantity</u>	<u>Quantity</u>	
_____ Furnace	_____ Wall Heater	_____ Furnace	_____
_____ Air Conditioning System	_____ Rooftop Unit	_____ Fireplace	_____
_____ Boiler	_____ Range Hood	_____ Unit Heater	_____
_____ Fireplace (gas)	_____ Exhaust Fan	_____ Water Heater	_____
_____ Fireplace (solid fuel)	_____ Air Exchanger	_____ Grill	_____
_____ Unit Heater	_____ Make-up Air	_____ Dryer	_____
_____ In Floor Heat		_____ Stove	_____
	Total fixtures: _____		Total gas lines: _____

Signature of this application by the legal property owner or a licensed contractor, as the owner's representative, is required and authorizes the Zoning Administrator or designee and the Building Official or designee to enter upon the property to perform needed inspections. Entry may be without prior notice. I hereby acknowledge that I have read this application and state that all information is true and correct to the best of my knowledge. I further agree that all work performed will be in accordance with approved plans, specifications and conditions and to abide by all ordinances of the Municipality and the laws of the State of Minnesota regarding actions taken pursuant to this permit. Permit expires when work is not commenced within 180 days from date of permit, or if work is suspended, abandoned, or not inspected for 180 days. Work beyond the scope of this permit, or work without a permit or inspection, will be subject to a penalty.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

PRINTED NAME: _____ **Signature of:** Owner or Owner's Representative

- Please include the following information with this application:**
- An electronic copy of signed Mechanical Plans including legend or symbol description.
 - An electronic copy of gas piping plans, include layout, lengths, pipe sizing, valve locations, regulator locations, each unit BTU material type, operating pressure, pressure drop.
 - Provide heat loss/gain and indoor air quality ventilation calculations.
 - Appliance specification sheet.
 - Complete and provide HVAC compliance forms for compliance with the Minnesota State Energy Code. The compliance forms must correspond with the energy code option designated on the building permit.

Permit Fee: \$ _____ Gas Line Fee: \$ _____ State Surcharge: \$ _____ Investigation Fee / Other Fee: \$ _____ SUB-TOTAL: \$ _____ Other: \$ _____ TOTAL DUE: \$ _____	Issued By: _____ Paid: _____ Date: _____ Check Number: _____ Receipt Number: _____
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24-HOUR NOTICE REQUIRED FOR INSPECTIONS. CALL 952-442-7520.



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PID:

EQUIPMENT EFFICIENCY

System Tag(s)	Mfg & Model #	Equipment Type	Heating			Cooling			
			Rated Capacity	Rated Efficiency	Minimum Efficiency	Rated Capacity	Rated Efficiency	Minimum Efficiency	Econ. Min. Efficiency

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