

DO NOT WRITE IN
SHADED AREAS

THE CITY OF OWATONNA MECHANICAL PERMIT

PERMIT NO.

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ADDRESS OF JOB	DATE OF APPLICATION	
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LEGAL DESCRIPTION	LOT	BLOCK	ADDITION
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OWNER NAME AND ADDRESS	CITY	STATE	ZIP	PHONE:
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BUSINESS/TENANT NAME

CONTRACTOR	NAME (AS LICENSED)	STATE LICENSE NO.	CITY REGISTRATION NO.
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ADDRESS	CITY	STATE	ZIP	PHONE:
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CLASSIFICATION OF STRUCTURE:

<input type="checkbox"/> (1) Single family detached or duplex	<input type="checkbox"/> (2) Single family attached (condominium, townhome)
<input type="checkbox"/> (3) Multi-family residential (apartment, hotel, motel, etc.)	<input type="checkbox"/> (4) Assembly building (public use, church, amusement, restaurant, etc.)
<input type="checkbox"/> (5) Industrial building	<input type="checkbox"/> (6) Commercial/retail building (office, mercantile, sales, service, etc.)
<input type="checkbox"/> (7) Educational building	<input type="checkbox"/> (8) Institutional building (hospital, nursing home, jail)
<input type="checkbox"/> (9) Other building (parking garage, etc.)	<input type="checkbox"/> (10) Structure other than a building (tower, swimming pool, etc.)

CLASS OF WORK: (1) NEW (2) ADDITION (3) REMODEL (4) REPAIR (5) REPLACED (6) CONVERSION (7) DEMOLITION

Type of Fuel: Oil Nat. Gas LPG Other

AGENCY	REQ'D	AGENCY	REQ'D
(01) ZONING		(06) BUILDING	
(02) ENGINEERING		(07) MECHANICAL	
(03) TRAFFIC		(08) PLUMBING	
(04) FIRE		(09) ELECTRICAL	
(05) UTILITIES		(10) OTHER	

No.	Type of Equipment	Valuation of Work \$
	Forced Air Systems - Btu/h Ea.	
	Gravity Systems - Btu/h Ea.	
	Floor Furnaces	
	Wall Heaters	
	Unit Heaters	
	Gas-fired A.C. Units—Btu/h	
	Air-cond. Units—Hp Ea.	
	Refrigeration Units—Hp Ea.	
	Boilers—Hp Ea.	
	Air-handling Unit — C.F.M.	
	Evaporative Coolers	
	Ventilation Fan	
	Range Hood	
	Incinerator	
	Clothes Dryers	

NOTE: VALUATION SHOWN SHALL BE BASED ON THE ESTIMATED TOTAL REPLACEMENT COST TO THE OWNER (INCLUDING LABOR, MATERIALS, EQUIPMENT AND INSTALLATION). VALUATION INCREASES INDICATED THROUGH FINANCE DEPT. AUDITS MAY BE SUBJECT TO PERMIT BACK-FEES.

VALUATION OF WORK \$

DOUBLE FEE <input type="checkbox"/>	PERMIT FEE \$
PLAN YES <input type="checkbox"/>	PLAN REVIEW FEE \$
FILED NO <input type="checkbox"/>	\$
STATE SURCHARGE	\$

APPLICATION ACCEPTED BY	PLANS CHECKED BY	APPROVED FOR ISSUANCE BY	TOTAL FEES: \$
			APPROVED BY: _____ DATE: _____
			PERMIT ISSUANCE DATE: _____

REMARKS

NOTES TO APPLICANT:

SEPARATE PERMITS REQUIRED FOR WIRING, PLUMBING, BUILDING, RETAINING WALLS & DEMOLITION. PERMIT EXPIRES 180 DAYS FROM ISSUANCE UNLESS WORK IS STARTED BY THAT TIME.

FOR ALL WORK DONE UNDER THIS PERMIT THE PERMITTEE ACCEPTS FULL RESPONSIBILITY FOR COMPLIANCE WITH THE STATE PLUMBING CODE AND ALL OTHER APPLICABLE LAWS AND ORDINANCES. REQUIRED INSPECTIONS SHALL BE REQUESTED ONE WORKING DAY IN ADVANCE.

TELEPHONE 451-4541 BEFORE 4:30 P.M.

APPLICANT NAME _____

SIGNATURE OF APPLICANT _____ DATE _____

JOB ADDRESS

OWNER