

**CITY OF SARTELL
APPLICATION FOR MECHANICAL PERMIT**

Owner _____ Phone: _____

Site Address: _____

Residential _____ Commercial _____

Type of Construction: New _____ Remodel _____

Estimated Value of Work (Comm. Only) _____

NOTE:

All inspections require 24-hour notice, call (320)258-7317.

Minimum fee includes one rough in & one final inspection.

Permit expires if work is suspended or abandoned for a period

Mechanical Permit Number _____

Building Permit Number _____

Date Issued _____

Permit Fee \$ _____

(min. \$30.00/\$50.00 commercial)

Plan Review Fee \$ _____

State Surcharge (\$1.00) \$ _____

Total Fee \$ _____

Paid/Check # _____

_____ Brand/BTU Quantity Price

Furnace & Ductwork _____ \$48.50

Boiler _____ \$30.00

Furnace _____ \$30.00

Fireplace _____ \$30.00

Radiant _____ \$30.00

Space Heater _____ \$30.00

Unit Heater _____ \$30.00

Wall Heater _____ \$30.00

Extend Ductwork _____ \$30.00

Geo-thermal Heat Loop _____ \$30.00

Heat Pump _____ \$30.00

In Floor Heat

_____ Hot Water _____ \$30.00

_____ Forced Air _____ \$30.00

Gas Piping- (\$30.00 for new piping and \$11.00 per each additional opening)

_____ # of Openings _____

_____ # of Future _____

Unit _____ Brand _____ Quantity _____ Price _____
Ventilation Equipment or Ventilating System

Exhaust Fan _____ \$30.00

ERV _____ \$30.00

HRV _____ \$30.00

Hood _____ \$30.00

PBV _____ \$30.00

Manufactured Home

_____ New Installation _____

_____ Appliance Replacement _____

_____ Alterations _____

Additional Information _____

Description of Work _____

The undersigned hereby makes application for a permit for the work herein specified, agreeing to do all such work in strict accordance with all applicable codes and ordinances and hereby declares that all the facts and representation stated in this application are true and correct and that the property owner has accepted these materials and equipment.

Mechanical Contractor: _____ Tel #: _____

State Bond # _____

Email: _____

Contractors Signature _____ Name (print) _____

Owners Signature _____ Name (print) _____

Approved By : _____ Date: _____



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