

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)253-2171.
Minimum fee includes one rough in & one final inspection.
Permit expires if work is suspended or abandoned for a period of more than 180 days.

Mechanical Permit Number	_____
Building Permit Number	_____
Date Issued	_____
Permit Fee	\$ _____
State Surcharge	\$ _____
Temp Heat	\$ _____
Add'l Inspection	\$ _____
Total Fee	\$ _____
Paid/Check # _____	* Min. Fee is \$30.00

Unit	Brand/BTU	Quantity	Unit
Heating System			
___ Boiler	_____	_____	_____
___ Forced Air	_____	_____	_____
___ Furnace	_____	_____	_____
___ Radiant	_____	_____	_____
___ Space Heater	_____	_____	_____
___ Unit Heater	_____	_____	_____
___ Wall Heater	_____	_____	_____
___ Extend Ductwork	_____	_____	_____

In Floor Heat			
___ Hot Water	_____	_____	_____
___ Forced Air	_____	_____	_____

Gas Piping			
___ # of Openings	_____	_____	_____
___ # of Future	_____	_____	_____
___ Water Heater	_____	_____	_____

Temp Heat _____

Additional Information _____

Unit	Brand/BTU	Quantity
Appliances		
___ Dryer	_____	_____
___ Fireplace	_____	_____
___ Range	_____	_____
___ Space Heater	_____	_____
Air Handling Equipment		
___ CFM	_____	_____
___ BTU/H	_____	_____
___ HRV	_____	_____

Venting Equipment		
___ Hood	_____	_____
___ Exhaust Fan	_____	_____

Manufactured Home		
___ New Installation	_____	_____
___ Appliance Replacement	_____	_____
___ Alterations	_____	_____

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.


Mech. Contractor: _____ Tel #: _____

License # _____ State Bond # _____

Contractors Signature _____

Homeowners Signature _____

Approved By : _____ Date: _____


 City of Sartell
 125 Pine Cone Rd N
 Po Box 140
 Sartell, Mn 56377
 Office: 320.253.2171
 Fax: 320.253.3337