

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 of more than 180 days.

Mechanical Permit Number _____
 Building Permit Number _____
 Date Issued _____

Permit Fee \$ _____
(min. \$30.50/\$50.00 commercial)
 State Surcharge \$ _____

Add'l Inspection \$ _____

Total Fee \$ _____

Paid/Check # _____

Unit	Brand/BTU	Quantity	Unit
Heating System			
_____ Boiler	_____	_____	_____
_____ Forced Air	_____	_____	_____
_____ Furnace	_____	_____	_____
_____ Radiant	_____	_____	_____
_____ Space Heater	_____	_____	_____
_____ Unit Heater	_____	_____	_____
_____ Wall Heater	_____	_____	_____
_____ Extend Ductwork	_____	_____	_____
_____ Geo-thermal Heat Loop	_____	_____	_____
_____ Heat Pump	_____	_____	_____
In Floor Heat			
_____ Hot Water	_____	_____	_____
_____ Fored Air	_____	_____	_____
Gas Piping			
_____ # of Openings	_____	_____	_____
_____ # of Future	_____	_____	_____
_____ Water Heater	_____	_____	_____

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: _____



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