

<b>CITY OF GLENCOE</b> <b>1107 11th St E, Suite 107</b> <b>Glencoe, MN 55336</b> <b>Phone: 320-864-5586 Fax: 320-864-6405</b>		<b>MECHANICAL</b> <b>B _____</b> Route to MNSPECT
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DATE: _____	PID# _____	State Bond No. _____	Gas Fitters License No. _____
SITE ADDRESS: _____			

OWNER \_\_\_\_\_

MECHANICAL CONTRACTOR Name / Address / City / State / Zip / Daytime Telephone _____	ESTIMATED VALUE OF WORK TO BE PERFORMED _____
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TYPE OF WORK:  Residential  Commercial New \_\_\_\_\_ Replacement \_\_\_\_\_ Other \_\_\_\_\_

<b>WARM AIR</b> <b>UNDERGROUND DUCT SYSTEM: Yes ( ) No ( )</b> Gravity _____ Forced _____ Input B.T.U. _____ Output B.T.U. _____	<b>AIR CONDITIONING SYSTEM</b> Tons _____ CFM _____ Ductwork _____
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VENTILATION / AIR EXCHANGE	
<u>Exhaust Only</u> No. of Fans _____ Size _____ Type _____ C.F.M. Del _____ Static Pressure _____	<u>Air Exchange Unit</u> Type-Mixing Box _____ Heat Recovery Ventilation _____ Recovery Efficiency _____ Net Air Flows _____ Where ventilation is used/located _____

<b>WET HEAT</b> Baseboard _____ In-Floor _____ Steam _____ Hot Water _____ Gross Sq. Ft. _____ Input B.T.U. _____	<b>GAS FITTINGS</b> <input type="checkbox"/> Water Heater <input type="checkbox"/> Furnace <input type="checkbox"/> Stove <input type="checkbox"/> Dryer <input type="checkbox"/> Grill <input type="checkbox"/> Unit Heater <input type="checkbox"/> Fireplace <input type="checkbox"/> _____
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<b>FIREPLACE</b> No. of Fireplaces _____ Fuel Type _____	Mechanical Permit Fee: \$ _____ Gas Fitting Permit Fee: \$ _____ Plan Review Fee: \$ _____ State Surcharge: \$ _____ \$ _____
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**Mechanical Comments:** \_\_\_\_\_

**Total MECHANICAL Permit: \$ \_\_\_\_\_**

Signature of this application by the legal property owner or a licensed contractor, as the owner's representative, is required and authorizes the City Zoning Administrator or designee and the City 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 City and the laws of the State of Minnesota regarding actions taken pursuant to this permit **agree to pay all plan review fees even if I choose not to proceed with the work.** 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 (please check one) :  Owner  Building Contractor  Architect,  \_\_\_\_\_

**CITY APPROVAL BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Paid \_\_\_\_\_ Date: \_\_\_\_\_ Receipt No. \_\_\_\_\_ By: \_\_\_\_\_