

CITY OF GLENCOE
1107 11th Street East, Suite 107
Glencoe, MN 55336
Phone: 320-864-5586

MECHANICAL PERMIT

**Ask for our
 Mechanical Handout**

Routed to MNSPECT

TO BE FILLED OUT BY APPLICANT - INCOMPLETE APPS MAY NOT BE PROCESSED

SITE ADDRESS _____ **PID:** _____

PROPERTY OWNER: _____ **Address:** _____

City: _____ **State:** _____ **Zip:** _____ **Email:** _____

Contact Name: _____ **Phone:** _____

Mechanical Contractor: _____ **Address:** _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** _____ **Fax:** _____

State Bond No: _____ **Contact Name:** _____

Email: _____ **Contact Phone:** _____

Indicate type of project, fixtures, and Gas Lines you will be installing or replacing (include count for each type of fixture):

Detailed Description of Work: _____

 Replacement (one fixture only, no piping or vent changes)
 Addition/Remodel Other _____
 New Construction

MECHANICAL FIXTURES		GAS LINES	
<u>Quantity</u>	<u>Quantity</u>	<u>Quantity</u>	<u>Quantity</u>
_____ Furnace	_____ Kitchen Fan	_____ Furnace	_____
_____ Air Conditioning System	_____ Bath Fan	_____ Fireplace	_____
_____ Air Exchanger	_____ Grill	_____ Unit Heater	_____
_____ Fireplace	_____	_____ Water Heater	_____
_____ Unit Heater	_____	_____ Grill	_____
_____ In Floor Heat	_____	_____ Dryer	_____
_____ Gas Log	_____	_____ Stove	_____

Signature of this application by the legal property owner or a licensed contractor, as the owner's representative, is required and authorizes the Zoning Administrator or designee and the 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 Municipality and the laws of the State of Minnesota regarding actions taken pursuant to this permit. **I 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:** Owner or Owner's Representative

OFFICE USE ONLY

Permit Fee: \$ _____ Gasline Fee: \$ _____ State Surcharge: \$ _____ Investigation Fee / Other Fee: \$ _____ SUB-TOTAL \$ _____ Other: \$ _____ Other: \$ _____ TOTAL DUE: _____	<input type="checkbox"/> Handout Given _____ <input type="checkbox"/> License Verification By _____ City Approval By _____ Paid _____ Date _____ Receipt Number _____
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Special Conditions of Permit:

