

**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

<b>MECHANICAL FIXTURES</b>		<b>GAS LINES</b>	
<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: \$ _____  <b>SUB-TOTAL \$</b> _____  Other: \$ _____  Other: \$ _____  <b>TOTAL DUE:</b> _____	<input type="checkbox"/> Handout Given _____  <input type="checkbox"/> License Verification By _____  City Approval By _____  Paid _____  Date _____  Receipt Number _____
---	--

**Special Conditions of Permit:** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_