



126 N Marshall Ave
Litchfield, MN 55355
(320) 693-7201

MECHANICAL PERMIT

SITE ADDRESS:

PROPERTY OWNER:

Address:

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

Contact Name: _____ Phone: _____

CONTRACTOR:

Address:

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

State Bond No: _____

Contact Name: _____

Email: _____

Contact Phone: _____

Detailed Description of Work:

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

Indicate type of fixtures you will be installing or replacing (include count for each type of fixture):

MECHANICAL FIXTURES

Quantity	Quantity	Quantity
_____ Furnace	_____ In Floor Heat	_____ Boiler
_____ Air Conditioning System	_____ Gas Log	_____ Rooftop Unit
_____ Air Exchanger	_____ Kitchen Fan	_____ Range Hood
_____ Fireplace	_____ Bath Fan	_____ Exhaust Fan
_____ Unit Heater	_____ Grill	_____ Make-Up Air

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. 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

City Approval By: _____ **Date:** _____

Permit Fee: \$ _____

Paid: _____

State Surcharge: \$ _____

Date: _____

Other Fee: \$ _____

Receipt Number: _____

TOTAL DUE \$ _____

Special Conditions of Permit:

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

OFFICE USE ONLY