



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

MECHANICAL PERMIT

PROJECT VALUATION

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

_____ Furnace
 _____ Air Conditioning System
 _____ Air Exchanger
 _____ Fireplace
 _____ Unit Heater

Quantity

_____ In Floor Heat
 _____ Gas Log
 _____ Kitchen Fan
 _____ Bath Fan
 _____ Grill

Quantity

_____ Boiler
 _____ Rooftop Unit
 _____ Range Hood
 _____ Exhaust Fan
 _____ 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