

CASTLE ROCK TOWNSHIP 2537 240th Street West Farmington, MN 55024 Phone: 651.460.2221	MECHANICAL _____ 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 _____

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

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

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. 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 (please check one) : Owner Building Contractor Architect, _____

TOWNSHIP APPROVAL BY: _____ **DATE:** _____

Paid _____ Date: _____ Receipt No. _____ By: _____