



CITY OF DELANO

Department of Building Inspections

234 2nd Street North, PO Box 108

Delano, MN 55328

Phone: 763 972-0550 -- Fax: 763 972-6174

MECHANICAL PERMIT

Permit Number: _____

Date Issued: _____

Receipt Number: _____

GOVERNMENT DATA PRACTICES ACT – TENNISON WARNING:

The data you supply on this form will be used to process the permit you are applying for. You are not legally required to provide the data, but we will not be able to process the permit without it. The data will constitute a public record if and when the permit is granted.

Site Location: _____

Date: _____

Applicant Name: _____

Phone No. _____

Address: _____

Phone No. _____

E-mail: _____

- Permit Type: Residential Commercial
- Work Type: New Replacement Repair Alteration
- Fuel Type: Gas LP Electric Wood Oil
- System Type: HVAC Refrigeration Gas Piping Fireplace
- Manufacturer: _____ Model No. _____
- Flue Size: _____ Ton: _____ HP: _____

Written Description: _____ Valuation of Work: \$ _____

<u>Computation of Fees:</u>	<u>\$Amount/Fee</u>	<u>Subtotal</u>
New Single Family home heating/cooling	\$100.00 (Fixed Fee)	\$ _____
\$1.00 to \$2,500 valuation or Replacement	\$50.00 (Fixed Fee)	\$ _____
\$2,501 to \$50,000 valuation	2% of valuation	\$ _____
\$50,001 and up	\$1,000 + 1% of valuation in excess of \$50,000	\$ _____
State Surcharge	\$1.00 if permit is fixed fee	\$ _____
	.0005 x valuation of work up to \$1,000,000	\$ _____
Plan Review Fee (When submittal documents are required)	10% of permit fee	\$ _____
TOTAL		\$ _____

I hereby apply for a mechanical permit and acknowledge that the information above is complete and accurate; that the work will be done in accordance with the Ordinances of the City of Delano and with the Minnesota State Building Code; that I understand this is not a permit but an application for a permit and work is not to start without a permit; that the work will be in accordance with the approved plans, specifications and codes.

Print Name:

Signature:

Office Use:

Required Inspections:

- Rough In Final Air Test ORSAT

Approvals Required:

- Fire Planning Public Works Other: _____

Conditions of Issuance: _____

Approved By:

Date:

- Furnace Replacement - Provide Outside Combustion Air if not already in place.
- Gas Fireplaces - Install per Manufactures instructions.
- A/C Condensing units are not allowed in the front yards per City Ordinance Sec.

51.03 Subd. C. 7. 5