

CITY OF INVER GROVE HEIGHTS MECHANICAL PERMIT APPLICATION

PERMIT #

BUILDING SITE ADDRESS _____
 OWNER _____ BUILDING USE _____
 CONTRACTOR _____ PHONE _____
 ADDRESS _____ EMAIL _____
 CLASS OF WORK: NEW ADDITION ALTERATION REPAIR/REPLACE

SECTION I. HEATING/COOLING

RESIDENTIAL OR COMMERCIAL TOTAL JOB VALUE \$ _____

HEATING:
 MODEL _____ BTU _____ HEAT LOSS _____
 NATURAL GAS LP FLUE SIZE _____

COOLING: _____

GAS LINE DUCTWORK
 GAS FIREPLACE OTHER

DESCRIPTION _____

SECTION II. COMMERCIAL VENTILATION/EXHAUST

TOTAL JOB VALUE \$ _____

EQUIPMENT DESCRIPTION

EXHAUST VENTILATION: _____
 COMMERCIAL KITCHEN HOOD: _____
 TYPE OF FIRE PROTECTION: _____
 OTHER: _____

The undersigned acknowledges that he/she has read this application and that the above is correct and agrees to comply with all the ordinances and laws of the City of Inver Grove Heights regulating building construction.

 CONTRACTOR SIGNATURE DATE

NOTICE: This is an application only. Permit will be issued after city approval and payment of fees.

OFFICE USE ONLY

Approved to issue by _____ License # _____ Comments _____ _____ _____	Permit Fee \$ _____ Surcharge \$ _____ Total Fee \$ _____ Receipt # _____ Date _____	<u>Account No.</u> AP BR
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APPLICANT NOT TO SEPARATE SHEETS

NOTICE: Inspections made by the City are a public service and do not constitute any representation, guarantee or warranty, either implied or expressed, to any person as to the condition of the building inspected.
 8150 Barbara Ave. • Inver Grove Heights, MN 55077 • Inspections 651-450-2550