



CITY OF
INVER GROVE
HEIGHTS

PERMITS & INSPECTIONS

City of Inver Grove Heights
Inspections Department
8150 Barbara Avenue
Inver Grove Heights, MN 55077
Phone: (651) 450-2550
Email: permits@ighmn.gov

MECHANICAL PERMIT APPLICATION

SITE ADDRESS _____

OWNERS NAME _____ Address _____ Phone _____

CONTRACTOR _____ Address _____ Phone _____

LICENSE NUMBER _____ Email _____

PROJECT MANAGER _____ Email _____ Phone _____

ARCHITECT / ENGINEER _____ Email _____ Phone _____

SECTION 1 HEATING / COOLING

RESIDENTIAL **COMMERCIAL** **TOTAL JOB VALUE \$** _____

HEATING MODEL _____ BTU _____ HEAT LOSS _____

NATURAL GAS LP FLUE SIZE _____

COOLING

GAS LINE DUCTWORK GAS FIREPLACE OTHER

DESCRIPTION _____

SECTION 2 COMMERCIAL VENTILATION / EXHAUST

EQUIPMENT DESCRIPTION _____

EXHAUST VENTILATION _____

COMMERCIAL KITCHEN HOOD _____

TYPE OF FIRE PROTECTION _____

OTHER _____

I acknowledge that this application is complete and accurate, that the work will be in conformance with Local and State Codes, and that work will not start until this permit has been reviewed and approved. I understand that answering 'Yes' will be treated in the same manner as a handwritten signature, for the purpose of validity, enforceability, and admissibility.

Click the box if you agree.

Name of Contractor or Authorized Agent _____ **Date** _____

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

Approved to issue by _____	Permit Fee	\$ _____
Comments _____	Surcharge	\$ _____
_____	Plan Review	\$ _____
	Total Fee	\$ _____