

Mechanical Permit Request Form

Date:

Site Address:

PID:

Owner Information

Address:

Name:

City: State: Zip:

Phone:

Type of Work

Commercial Residential New Replacement Other

Est. Valuation of Work:

Warm Air

Underground Duct System: Yes No

Gravity: Forced:

Input B.T.U.: Output B.T.U.:

Ventilation-Exhaust Only

of Fans: Size: Type:

C.F.M. Del: Static Pressure:

Wet Heat

Baseboard: In-Floor:

Steam: Hot Water:

Gross Sq. Ft.: Input B.T.U.:

Fireplace

of Fireplaces:

Fuel Type:

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.

Applicant Signature: Date:

Printed Name: Signature is of: Owner Architect Lic. Bldg. Contr. Other:

Office Use Only Below This Line

Mechanical Permit Fee:	
Gas Fitting Permit Fee:	
Plan Review Fee:	
State Surcharge:	
Total Mech. Permit:	

Building Inspector Approval By:		Date:	
City Approval By:		Date:	

Mech. Permit Routed to Metro West:	Mechanical Permit #



City of Waconia
201 South Vine Street
Waconia, MN 55387
Phone: 952-442-2184
Fax: 952-442-2135
www.waconia.org

Noise Ordinance In Effect: Monday - Friday
before 7:00 a.m. and after 10:00 p.m.
Saturdays/Holidays before 9:00 a.m. and after 10:00 p.m.
Sundays before 10:00 a.m. and after 10:00 p.m.

Mechanical Contractor Information

Name:

Address:

City: State: Zip:

Phone:

State Bond #: Gas Filters Lic #:

Air Conditioning System

Tons: CFM: Ductwork:

Air Exchange Unit

Type-Mixing Box:

Heat Recovery Ventilation:

Recovery Efficiency: Net Air Flows:

Where is Ventilation Used/
Located:

Gas Fittings

Dryer Fireplace Furnace Grill
 Stove Unit Heater Water Heater
 Other:

Mechanical Comments: