



Building Department
651-747-3910
3800 Laverne Avenue North
Lake Elmo, MN 55042

MECHANICAL PERMIT APPLICATION

Job Site Address: _____ Permit# _____
 Project Valuation: \$ _____ The Applicant is: Owner & Occupant Contractor
(must include material and labor costs)

Property Owner

Name: _____ Contact Person: _____
 Address: _____ Unit#: _____
 City: _____ State _____ Zip _____ Phone: _____
 Email Address: _____

Contractor

Name: _____ Contact Person: _____
 Address: _____
 Phone: _____ Cell: _____ Bond#: _____
 Email: _____ Fax: _____

Permit Type	
<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial
<input type="checkbox"/> Other (Specify) _____	

Type of work	
<input type="checkbox"/> New	<input type="checkbox"/> Reinspection
<input type="checkbox"/> Replace	<input type="checkbox"/> Other (Specify) _____

Mechanical Items

Please Indicate Number of Each Item:		
___ Air Conditioner	Mfg _____	Model # _____
___ Bath Fan	Mfg _____	Model # _____
___ Chimney/Flue		
___ Ductwork/Ventilation		
___ Fireplace- Gas	Mfg _____	Model # _____
___ Fireplace- Gas Insert	Mfg _____	Model # _____
___ Furnace	Mfg _____	Model # _____
___ Gas Line		
___ HRV	Mfg _____	Model # _____
___ Refrigeration	Mfg _____	Model # _____
___ Rooftop Unit	Mfg _____	Model # _____
___ Space/Unit Heater	Mfg _____	Model # _____
___ Steam/Hot Water	Mfg _____	Model # _____
___ Wood Burning Unit	Mfg _____	Model # _____
___ Units Not Listed	Mfg _____	Model # _____

Permit becomes void if work does not begin within 180 days or is suspended at any time for over 180 days. Permits issued and 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 or conformance to applicable construction codes. The Undersigned acknowledges that this application has been read and that the above is correct and agrees to comply with all the ordinances and laws of the City of Lake Elmo.

Periodic and/or a final inspection of this work are required by the Minnesota State Building Code. It is the responsibility of the applicant to call the Lake Elmo Inspections Division at 651-747-3900 to schedule an inspection.

Applicants Signature _____ Date _____