

**CITY OF SARTELL
APPLICATION FOR MECHANICAL PERMIT**

Owner _____ Phone: _____

Site Address: _____

Residential _____ Commercial _____

Type of Construction: New _____ Remodel _____

Estimated Value of Work (Comm. Only) _____

NOTE:

All inspections require 24-hour notice, call (320)258-7317.
Minimum fee includes one rough in & one final inspection.
Permit expires if work is suspended or abandoned for a period

Mechanical Permit Number _____

Building Permit Number _____

Date Issued _____

Permit Fee \$ _____
(min. \$30.00/\$50.00 commercial)

Plan Review Fee \$ _____

State Surcharge (\$1.00) \$ _____

Total Fee \$ _____

Paid/Check # _____

	Brand/BTU	Quantity	Price
Furnace & Ductwork	_____	_____	<u>\$48.50</u>
Boiler	_____	_____	<u>\$30.00</u>
Furnace	_____	_____	<u>\$30.00</u>
Fireplace	_____	_____	<u>\$30.00</u>
Radiant	_____	_____	<u>\$30.00</u>
Space Heater	_____	_____	<u>\$30.00</u>
Unit Heater	_____	_____	<u>\$30.00</u>
Wall Heater	_____	_____	<u>\$30.00</u>
Extend Ductwork	_____	_____	<u>\$30.00</u>
Geo-thermal Heat Loop	_____	_____	<u>\$30.00</u>
Heat Pump	_____	_____	<u>\$30.00</u>
In Floor Heat			
___ Hot Water	_____	_____	<u>\$30.00</u>
___ Forced Air	_____	_____	<u>\$30.00</u>
Gas Piping- (\$30.00 for new piping and \$11.00 per each additional opening)			
___ # of Openings	_____	_____	
___ # of Future	_____	_____	

Unit	Brand	Quantity	Price
Ventilation Equipment or Ventilating System			
Exhaust Fan	_____	_____	<u>\$30.00</u>
ERV	_____	_____	<u>\$30.00</u>
HRV	_____	_____	<u>\$30.00</u>
Hood	_____	_____	<u>\$30.00</u>
PBV	_____	_____	<u>\$30.00</u>
Manufactured Home			
___ New Installation	_____	_____	
___ Appliance Replacement	_____	_____	
___ Alterations	_____	_____	
Additional Information _____			

Description of Work _____			

The undersigned hereby makes application for a permit for the work herein specified, agreeing to do all such work in strict accordance with all applicable codes and ordinances and hereby declares that all the facts and representation stated in this application are true and correct and that the property owner has accepted these materials and equipment.

Mechanical Contractor: _____ Tel #: _____

State Bond # _____

Email: _____

Contractors Signature _____ Name (print) _____

Owners Signature _____ Name (print) _____

Approved By : _____ Date: _____



City of Sartell
125 Pinecone Rd N
Sartell, MN 56377
Office: 320.258.7317
Fax: 320.253.3337