

# 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:

Mech. Permit Routed to Metro West:	Mechanical Permit #
<input type="text"/>	<input type="text"/>



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 #:

## 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.

## 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:

Applicant Signature:  Date:

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

## Office Use Only Below This Line

Mechanical Permit Fee:	<input type="text"/>
Gas Fitting Permit Fee:	<input type="text"/>
Plan Review Fee:	<input type="text"/>
State Surcharge:	<input type="text"/>
<b>Total Mech. Permit:</b>	<input type="text"/>

Paid:	<input type="text"/>
Date:	<input type="text"/>
Receipt:	<input type="text"/>
By:	<input type="text"/>

Building Inspector Approval By:	<input type="text"/>	Date:	<input type="text"/>
City Approval By:	<input type="text"/>	Date:	<input type="text"/>