

CITY OF MELROSE
 225 E First St N
 Melrose MN 56352
 Phone: (320) 256-4278 Fax: (320) 256-7766

APPLICATION FOR MECHANICAL PERMIT

OFFICE USE ONLY		
Date _____	Building Permit No _____	Mechanical Permit No _____
PIN _____	Lot _____	Block _____
Addition _____		

Address of Property: _____

Applicant: _____ Phone: _____

Owner of Property: _____ Phone: _____

Address: _____

Mechanical contractor responsible for installing system: _____

Property Use: Commercial _____ Residential _____

No.	Type of Fixture or Item	No.	Type of Fixture or Item
	Air Conditioning		Ventilation
	Boiler		Gas Log
	Ductwork		Water Heater
	Factory Fireplace		(Other)
	Furnace		
	Piping-Fuel		
	Rooftop Unit		
	Space/Unit Heater		

Appliance Replacement ONLY (\$15 Insp. + \$15.00 Admin. = \$30.00) \$ _____

Mechanical Valuation \$ _____ x 1% \$ _____

Surcharge (valuation x .0005) \$ _____

TOTAL MECHANICAL PERMIT FEES \$ _____

Furnace Efficiency Rating: _____ BTU Input: _____

Signature of Applicant _____ Date _____

FOR INSPECTIONS CALL 320-249-7533 A DAY IN ADVANCE
 This is an application only. Permit will be issued after City approval and payment of fees.

Zoning Officer _____ Building Official _____