

City of Oronoco

MECHANICAL PERMIT APPLICATION

(Submit to City of Oronoco Upon Completion)



Fee Paid \$ _____ **Date Paid:** _____ App. No. _____

Date _____			
Tenant/Building Name _____			
Site Address _____			
Number	Street	Suite/Unit No.	Zip

City	Subdivision and/or Addition	Block	Lot	Plat	Parcel

Applicant is: <input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Other (describe) _____	
Property Owner	Name _____ Phone (____) _____ <small style="display: flex; justify-content: space-between; width: 100%;"> Last First MI Work/Home </small> Address _____ City _____ State _____ Zip Code _____
Contractor/ Other	Company _____ Phone (____) _____ <small style="display: flex; justify-content: flex-end; width: 100%;">Work./Mobile</small> Name _____ Contr. No. _____ <small style="display: flex; justify-content: space-between; width: 100%;"> Last First MI </small> City _____ State _____ Zip Code _____
Engineer/ Designer	Company _____ Phone (____) _____ <small style="display: flex; justify-content: flex-end; width: 100%;">Work/Mobile</small> Name _____ Registration No. _____ <small style="display: flex; justify-content: space-between; width: 100%;"> Last First MI (State of MN) </small> City _____ State _____ Zip Code _____
Work Category	<input type="checkbox"/> New <input type="checkbox"/> Alterations <input type="checkbox"/> Move/Relocate <input type="checkbox"/> Addition <input type="checkbox"/> Tenant Finish <input type="checkbox"/> Repair/Replacement
Permit Type	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial
Description of Work _____ _____	
Total Valuation of Work \$ _____ Permit Fee _____ Surcharge _____ Total _____	

PLEASE CONTINUE ON OTHER SIDE

System Type	<input type="checkbox"/> Heating <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Refrigeration							
HEATING/COOLING EQUIPMENT PROVIDED Fill in the appropriate blanks in the table below								
Make	Model No.	Combustion Air Size	Fuel	Flue Dia.	Input (BTU)	CFM	Tons	No. Units
Chimney Liner Flue Diameter _____								
System Type	<input type="checkbox"/> Ventilation/Exhaust							
VENTILATION EQUIPMENT PROVIDED Check the boxes below that apply								
<input type="checkbox"/> Bathroom/Water Closet Compartment <input type="checkbox"/> Domestic Kitchen Hood <input type="checkbox"/> Dryer/Laundry Room <input type="checkbox"/> Other _____				<input type="checkbox"/> Commercial/Industrial <input type="checkbox"/> Commercial Kitchen Hood <input type="checkbox"/> Habitable Rooms/Public Corridors <input type="checkbox"/> Other _____				
<p>I hereby apply for a mechanical permit and I acknowledge that the information above is complete and accurate. The work will be in conformance with applicable laws of the State of Minnesota. I understand this is not a permit but only an application for a permit and work is not to start without a permit. I acknowledge that the work will be in accordance with all permit conditions and approved plans (in the case of work which requires a review and approval of plans).</p> <p>I hereby certify that I am properly registered and/or licensed as required by the State of Minnesota, or that I am the legal owner of, and reside in, the above described residential property.</p>								
_____				_____				
Applicant's Signature				Date				
DO NOT WRITE BELOW THIS LINE – Office Use Only								
FEE PARAMETERS Calculated Valuation \$ _____ <input type="checkbox"/> Permit Fee <input type="checkbox"/> MN Surcharge <input type="checkbox"/> Investigative Fee _____				REQUIRED INSPECTIONS <input type="checkbox"/> Under-slab <input type="checkbox"/> Rough-in (Ducts & Vents) <input type="checkbox"/> Rough-in (Refrig. Piping) <input type="checkbox"/> HVAC System <input type="checkbox"/> Refrigeration System <input type="checkbox"/> Final <input type="checkbox"/> Other _____				
Comments: _____								
Building Official: _____				Date: _____				
City Clerk: _____				Date: _____				