



Fire & Inspection Department
 221 East Clark Street
 Albert Lea, Minnesota 56007-2496
 507-377-4340

Mechanical Permit Application

| |
|------------------------|
| <u>Office Use Only</u> |
| Permit # _____ |

| | | |
|--------------|--|--|
| Site Address | | |
|--------------|--|--|

| | | |
|-----------|------------|-------|
| Applicant | Contractor | Owner |
|-----------|------------|-------|

Property Owner

| | | | |
|---------|------|-------|-----|
| Name | | Phone | |
| Address | City | State | Zip |

Contractor

| | | | |
|----------------|------|-----------|-----|
| Name | | Phone | |
| Address | City | State | Zip |
| Contact Person | | License # | |

| |
|----------------|
| E-Mail Address |
|----------------|

Type of Property

| | | |
|--------------------------|--------------------------|------------|
| Residential 1 & 2 Family | Residential Multi-Family | Commercial |
| Industrial | Public | |

Work Description

Mechanical Items

| | |
|-------------------------------|---|
| A/C _____ Tons | Water Heater _____ (#Units) |
| RTU _____ Tons _____ (#Units) | Air Handler/Exchanger _____ (#Units) |
| Furnace _____ BTU | Hoods (Exhaust/Range) _____ (#Units) |
| Boiler _____ BTU | Gas Fireplace/Wood Stove _____ (#Units) |
| Gas Line/Piping | Floor/Wall Heaters _____ (#Units) |

Please read and sign

I hereby apply for a mechanical permit and I acknowledge that the information provided is complete and accurate; that the work will be done in accordance with the ordinances and codes of the City of Albert Lea and the State of Minnesota; that I understand this is not a permit but only an application for a permit and work is not to start without a permit.

Applicant Printed Name

Applicant Signature

Date Signed

All permit applications may be mailed to:

City of Albert Lea
Attn: Inspection Dept
221 E Clark St
Albert Lea, MN 56007

Or emailed to one of the following:

cmaras@ci.albertlea.mn.us
rrice@ci.albertlea.mn.us
bskogheim@ci.albertlea.mn.us
wsorensen@ci.albertlea.mn.us

Do not write below this line; for office use only

Permit Fee \$ _____
State Surcharge \$ _____
Additional Fee \$ _____
Permit Total \$ _____

Permit Approved by _____ Date _____