

Eureka Township



Mechanical Permit Application

OFFICE USE ONLY

Permit No.

Site Address _____ Property ID No. (PIN) _____

Contact Person _____ Daytime Phone _____

PROPERTY OWNER

Name _____ Daytime Phone _____

Address _____ City _____ State _____ Zip _____

CONTRACTOR

Name _____ License No. _____

Address _____ City _____ State _____ Zip _____

Contact Person _____ Office Phone _____ Cell Phone _____

E-mail _____ Fax _____

Type of Work: _____ EST. VALUATION OF WORK TO BE PERFORMED \$ _____

Residential Commercial

Class of Work: New Addition Alteration Replace

WARM AIR:

Underground Duct System Yes No

Gravity _____ Forced _____

Input B.T.U. _____ Output B.T.U. _____

WET HEAT:

Baseboard _____ In-Floor _____

Steam _____ Hot Water _____

Gross Sq. Ft. _____ Input B.T.U. _____

AIR CONDITIONING SYSTEM:

Tons _____ CFM _____ Ductwork _____

VENTILATION / AIR EXCHANGE:

Exhaust Only

No. of Fans _____ Size _____ Type _____

C.F.M. Del _____ Static Pressure _____

Air Exchange Unit

Type-Mixing Box _____

Heat Recovery Ventilation _____

Recovery Efficiency _____ Net Air Flows _____

Where ventilation is used/located _____

GAS FITTINGS:

Water Heater Furnace

Stove Dryer

Grill Unit Heater

Fireplace (No. of Fireplaces _____)

Other _____

Mechanical Comments: _____

I hereby certify that the information provided in this application is true, correct, and complete. I also acknowledge that the work described herein will be in conformance with the ordinances of the Township of Eureka and with the Minnesota Building Codes; that I understand this is not a permit but only an application for a permit; that I understand work is not to start until all required permits have been obtained; that the work will be in accordance with the approved plans in the case of all work that requires review and approval of plans; and that no changes to the approved plans, specifications, or purpose of this application shall be made without prior approval.

Signature of this application by the legal property owner or property owner's representative is required and authorizes the Township Zoning Administrator or designee and the Building Official or designee to enter upon the property to perform needed inspections. Entry may be without prior notice.

The property owner agrees to pay all plan review fees even if he/ she chooses 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.

SIGNATURE OF OWNER/ OWNER'S REPRESENTATIVE: _____ DATE: _____

PRINTED NAME: _____ TITLE: _____

DO NOT WRITE BELOW THIS LINE
FEE APPROVALS & SIGNATURES

Date Rcvd: _____ **Rcvd by:** _____ Complete Incomplete

<p>_____ Calculated Valuation</p> <p>Mechanical Permit Fee \$ _____</p> <p>Gas Fitting Permit Fee \$ _____</p> <p>Plan Review Fee \$ _____</p> <p>State Surcharge \$ _____</p> <p>TOTAL FEES \$ _____</p>	<p>Occupancy Type: _____ Construction Type: _____</p> <p>Code Used: _____ Building Sprinkled: Yes / No</p> <p>Bldg. Official Approval: _____ Date _____</p> <p>Printed Name : _____</p> <p>Township approval by: _____</p> <p>Date Paid: _____ Receipt No. _____</p> <p>By: _____ Check No. _____</p>
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Special Conditions of Permit: _____
