



City of Saint Peter
Phone 507-934-0662
Fax 507-934-4917

City of Nicollet
Building Department
PO Box 547
401 Pine St. Nicollet, MN 56074

Phone: 507-232-3474 Fax: 507-232-3217

Permit Number _____

- PLUMBING PERMIT
- MECHANICAL PERMIT
- BOTH
- FIRE SPRINKLERS
- LAWN SPRINKLERS

PLUMBING-MECHANICAL PERMIT APPLICATION

BUILDING SITE ADDRESS _____ (OR) LOT _____ BLOCK _____ PHONE _____

PROPERTY OWNER _____ ADDRESS _____ PHONE _____

PLUMBING CONTRACTOR (IF APPLICABLE) _____ LICENSE# / EXP Date _____ ADDRESS _____ PHONE _____

MECHANICAL CONTRACTOR (IF APPLICABLE) _____ ADDRESS _____ PHONE _____

ELECTRICAL CONTRACTOR (IF APPLICABLE) _____ LICENSE# / EXP Date _____ ADDRESS _____ PHONE _____

ARCHITECT/ENGINEER _____ LICENSE# / EXP Date _____ ADDRESS _____ PHONE _____

<p>CLASS OF WORK</p> <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPLACE WATER HEATER <input type="checkbox"/> REPLACE FURNACE <input type="checkbox"/> HVAC <input type="checkbox"/> OTHER _____	<p>BUILDING USE</p> <input type="checkbox"/> SINGLE FAMILY RES. <input type="checkbox"/> TWO FAMILY RES. <input type="checkbox"/> THREE + FAMILY RES. <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> INSTITUTIONAL <input type="checkbox"/> PUBLIC	<p>TYPE OF WORK</p> <input type="checkbox"/> NEW BUILDING <input type="checkbox"/> EXISTING BUILDING <input type="checkbox"/> ADDITION <input type="checkbox"/> REMODEL <input type="checkbox"/> REPAIR	<p>TYPE OF STRUCTURE</p> <input type="checkbox"/> PRINCIPLE BUILDING <input type="checkbox"/> GARAGE <input type="checkbox"/> ACCESSORY BUILDING <input type="checkbox"/> TEMPORARY BUILDING <input type="checkbox"/> OTHER _____
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PLUMBING SECTION: SPECIFY NUMBER OF FIXTURES _____ IS A PLUMBING PLAN ATTACHED? YES NO

DESCRIPTION OF WORK _____

DOES YOUR PLUMBING PLAN INCLUDE A FIRE SPRINKLER YES NO LAWN SPRINKLER YES NO

MECHANICAL SECTION:

HEATING UNIT (Gas) (Other _____) (Efficiency _____%) (Size _____ BTU)

(Sealed Combustion) (Direct or Power Vented) (Atmospherically Vented) (Other _____)

WATER HEATER (Electric) (Gas) (Sealed Combustion) (Direct or Power Vented) (Atmospherically Vented)

COOLING UNIT (Size _____) (Seer _____)

ENERGY / VENTILATION SECTION:

MINNESOTA ENERGY CODE COMPLIANCE: (Attach appropriate worksheet)

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SIGNATURE OF: OWNER CONTRACTOR AUTHORIZED AGENT **PRINTED NAME** _____ **DATE** _____

ESTIMATED VALUE OF WORK (INCLUDING LABOR) IS THIS VALUE INCLUDED IN BUILDING PERMIT? YES NO

I certify that the information contained herein is correct and agree to do the proposed work in accordance with the ordinances and codes of the City of Saint Peter regulating building construction. If the person making this application is not the property owner, the applicant represents that the owner has authorized such work and the submittal of the application. Approved plumbing/mechanical permits are issued to the applicant. The permit holder is responsible for all required inspections and corrections to completion.

PLUM/MECH PERMIT FEE _____
PLAN REVIEW FEE _____
STATE SURCHARGE _____
TOTAL PERMIT FEE _____
RECEIPT # _____
ISSUED BY _____

BUILDING OFFICIAL APPROVAL _____ **DATE** _____