



# City of Saint Peter

Building Department

227 South Front

Saint Peter, MN 56082

Phone: 507-934-0662 Fax: 507-934-4917

Permit Number \_\_\_\_\_

## PLUMBING-MECHANICAL PERMIT APPLICATION

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

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><b>CLASS OF WORK</b></p> <p><input type="checkbox"/> NEW</p> <p><input type="checkbox"/> ADDITION</p> <p><input type="checkbox"/> ALTERATION</p> <p><input type="checkbox"/> REPLACE WATER HEATER</p> <p><input type="checkbox"/> REPLACE FURNACE</p> <p><input type="checkbox"/> HVAC</p> <p><input type="checkbox"/> OTHER _____</p>	<p><b>BUILDING USE</b></p> <p><input type="checkbox"/> SINGLE FAMILY RES.</p> <p><input type="checkbox"/> TWO FAMILY RES.</p> <p><input type="checkbox"/> THREE + FAMILY RES.</p> <p><input type="checkbox"/> COMMERCIAL</p> <p><input type="checkbox"/> INDUSTRIAL</p> <p><input type="checkbox"/> INSTITUTIONAL</p> <p><input type="checkbox"/> PUBLIC</p>	<p><b>TYPE OF WORK</b></p> <p><input type="checkbox"/> NEW BUILDING</p> <p><input type="checkbox"/> EXISTING BUILDING</p> <p><input type="checkbox"/> ADDITION</p> <p><input type="checkbox"/> REMODEL</p> <p><input type="checkbox"/> REPAIR</p>	<p><b>TYPE OF STRUCTURE</b></p> <p><input type="checkbox"/> PRINCIPLE BUILDING</p> <p><input type="checkbox"/> GARAGE</p> <p><input type="checkbox"/> ACCESSORY BUILDING</p> <p><input type="checkbox"/> TEMPORARY BUILDING</p> <p><input type="checkbox"/> OTHER _____</p>
---	--	---	---

**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 METHOD:**  CHAPTER 1322 Residential (Attach appropriate worksheet)

CHAPTER 1323 Commercial (Attach appropriate worksheet)

--	--	--

**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** \_\_\_\_\_