

# APPLICATION FOR MECHANICAL PERMIT

## City of St. Augusta

Owner \_\_\_\_\_ Phone: \_\_\_\_\_

Site Address \_\_\_\_\_

Residential \_\_\_\_\_ Commercial \_\_\_\_\_

Type of Construction: New \_\_\_\_\_ Remodel \_\_\_\_\_

**NOTE:**

All inspections require 24-hour notice. **Call (320) 252-6556**

Minimum fee includes one rough-in & one final inspection.

Permit expires six months from date of issue.

You may be subject to additional fees after final inspection, for additional fixtures and inspections.

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

Date Issued \_\_\_\_\_

Permit Fee \$ \_\_\_\_\_  
(minimum permit fee 49.50)

State Surcharge \$ \_\_\_\_\_

Temp Heat \$ \_\_\_\_\_  
(Additional \$30.00)

Add'l Inspection \$ \_\_\_\_\_  
(\$30.00 each)

Total Fee \$ \_\_\_\_\_

Paid/Check # \_\_\_\_\_  
(Make out separate check to City for each permit)

| Unit   | Brand/BTU | Quantity | Unit   | Brand/BTU | Quantity |
|--|-----------|----------|--|-----------|----------|
| <b>Heating System</b>  |           |          | <b>Appliances</b>                              |           |          |
| <input type="checkbox"/> Boiler                              | _____     | _____    | <input type="checkbox"/> Dryer                 | _____     | _____    |
| <input type="checkbox"/> Forced Air                          | _____     | _____    | <input type="checkbox"/> Fireplace             | _____     | _____    |
| <input type="checkbox"/> Furnace                             | _____     | _____    | <input type="checkbox"/> Range                 | _____     | _____    |
| <input type="checkbox"/> Radiant                             | _____     | _____    | <input type="checkbox"/> Space Heater          | _____     | _____    |
| <input type="checkbox"/> Space Heater                        | _____     | _____    | <b>Air Handling Equipment</b>                  |           |          |
| <input type="checkbox"/> Unit Heater                         | _____     | _____    | <input type="checkbox"/> CFM                   | _____     | _____    |
| <input type="checkbox"/> Wall Heater                         | _____     | _____    | <input type="checkbox"/> BTU/H                 | _____     | _____    |
| <input type="checkbox"/> Extended Ductwork                   | _____     | _____    | <input type="checkbox"/> HRV                   | _____     | _____    |
| <b>In Floor Heat</b>   |           |          | <b>Venting Equipment</b>                       |           |          |
| <input type="checkbox"/> Hot Water                           | _____     | _____    | <input type="checkbox"/> Hood                  | _____     | _____    |
| <input type="checkbox"/> Forced Air                          | _____     | _____    | <input type="checkbox"/> Exhaust Fan           | _____     | _____    |
| <b>Gas Piping</b>  |           |          | <b>Manufactured Home</b>                       |           |          |
| <input type="checkbox"/> # Openings                          | _____     | _____    | <input type="checkbox"/> New Installation      | _____     | _____    |
| <input type="checkbox"/> # Future                            | _____     | _____    | <input type="checkbox"/> Appliance Replacement | _____     | _____    |
| <input type="checkbox"/> Water Heater                        | _____     | _____    | <b>Fuel Type</b>                               |           |          |
| <input type="checkbox"/> Temp Heat (Forced Air Furnace Only) | _____     | _____    | <input type="checkbox"/> Natural Gas           | _____     | _____    |
| Additional Info: _____                                       |           |          | <input type="checkbox"/> Propane               | _____     | _____    |
|  |           |          | <input type="checkbox"/> Fuel Oil              | _____     | _____    |

The undersigned hereby makes application for a permit for the work herein specified, agreeing to do all such work in strict accordance with all applicable codes and ordinances and hereby declares that all the facts and representation stated in this application are true and correct and that the property owner has accepted these materials and equipment.

Mech. Cont. \_\_\_\_\_ Tel. # \_\_\_\_\_

Address \_\_\_\_\_ Fax # \_\_\_\_\_

Signed \_\_\_\_\_ Lic. # \_\_\_\_\_

Approved by: \_\_\_\_\_ (Mech. Insp.)

### CITY OF ST. AUGUSTA

1914 - 250TH STREET  
ST. AUGUSTA, MN 56301-7706

Phone: 320-654-0387

Fax: 320-654-1686

E-Mail: [bmccabe@staugusta.govoffice2.com](mailto:bmccabe@staugusta.govoffice2.com)

**Website:**

[www.staugustamn.com](http://www.staugustamn.com)