

CITY OF WILLERNIE  
111 WILDWOOD ROAD  
P.O. BOX 487  
WILLERNIE, MN 55090  
651-429-2977

**MECHANICAL PERMIT**

Permit No. \_\_\_\_\_

Date: \_\_\_\_\_

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

**Property Owner**

Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Contractor**

Company Name \_\_\_\_\_ License No. \_\_\_\_\_

Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Type: Residential \_\_\_\_\_ Commercial \_\_\_\_\_

Work Type: \_\_\_\_\_ New \_\_\_\_\_ Repair \_\_\_\_\_ Alteration \_\_\_\_\_ Replace \_\_\_\_\_

Project Venting_____	Refrigeration_____	Gas_____
Piping_____		
Duct Work_____	Exhaust_____	Frieplace_____ Other_____
<u>Heating System (Quantity _____ )</u>		
<u>Air Conditioner (Quantity _____ )</u>		
<u>Heat/AC System (Quantity _____ )</u>		
Trade name of Heating Unit_____		
Model No._____	Size_____	BTU Input_____
Proposed Vent Flue Size_____		Inc.Dia._____

Trade Name of AC Unit_____	
Model No._____	Size_____
BTU Input_____	
Proposed Vent Flue Size_____	Inc.Dia._____

**FEE**      SURCHARGE \$1.00      **TOTAL FEE**    \$75.50

**VALUATION OF TOTAL JOB** \_\_\_\_\_

**The undersigned agrees to do all work in compliance with laws of the State of Minnesota and City Ordinances.** The undersigned hereby represents upon all of the penalties of the law, for the purpose of including the City of Willernie to take the action herein requested, that all statements are true, and that all work herein will be done in accordance with the ordinances of the City of Willernie and the State of Minnesota.

**APPLICANT SIGNATURE** \_\_\_\_\_

**Approved by:** \_\_\_\_\_      **Date:** \_\_\_\_\_

**PLEASE CONTACT JOHN MANSHIP AT 651-426-1827 FOR FINAL INSPECTION**

