

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** **COMMERCIAL FEE \$125.00**

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

