



## CITY OF DELANO

Department of Building Inspection  
234 2<sup>nd</sup> Street North, PO Box 108  
Delano, MN 55328  
Phone: 763 972-0550 – Fax: 763 972-6174

### MECHANICAL PERMIT

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

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

Receipt Number: \_\_\_\_\_

#### GOVERNMENT DATA PRACTICES ACT – TENNISON WARNING:

The data you supply on this form will be used to process the permit you are applying for. You are not legally required to provide the data, but we will not be able to process the permit without it. The data will constitute a public record if and when the permit is granted.

Site Location: \_\_\_\_\_

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

Applicant Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

Permit Type:  Residential  Commercial

Work Type:  New  Replacement  Repair  Alteration

Fuel Type:  Gas  LP  Electric  Wood  Oil

System Type:  HVAC  Refrigeration  Gas Piping  Fireplace

Manufacturer: \_\_\_\_\_ Model No. \_\_\_\_\_

Flue Size: \_\_\_\_\_ Ton: \_\_\_\_\_ HP: \_\_\_\_\_

Written Description: \_\_\_\_\_ Valuation of Work: \$ \_\_\_\_\_

#### Computation of Fees:

		<u>\$Amount/Fee</u>	<u>Subtotal</u>
New Single Family home heating/cooling		\$125.00 (Fixed Fee)	\$ _____
\$1.00 to \$2,500 valuation or Replacement		\$100.00 (Fixed Fee)	\$ _____
\$2,501 to \$50,000 valuation		2% of valuation	\$ _____
\$50,001 and up	\$1,000 + 1% of valuation in excess of \$50,000	\$ _____	\$ _____
State Surcharge	\$1.00 if permit is fixed fee .0005 x valuation of work up to \$1,000,000 (Valuations over a million call for amount)	\$ _____	\$ _____
Plan Review Fee (When submittal documents are required)	10% of permit fee	\$ _____	\$ _____
<b>TOTAL</b>			<b>\$ _____</b>

I hereby apply for a mechanical permit and acknowledge that the information above is complete and accurate; that the work will be done in accordance with the Ordinances of the City of Delano and with the Minnesota State Building Code; that I understand this is not a permit but an application for a permit and work is not to start without a permit; that the work will be in accordance with the approved plans, specifications and codes.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**Office Use:**

**Required Inspections:**

Rough In       Final       Air Test       ORSAT

**Approvals Required:**

Fire       Planning       Public Works      Other: \_\_\_\_\_

**Conditions of Issuance:** \_\_\_\_\_

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Approved By:

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Date:

- Furnace Replacement - Provide Outside Combustion Air if not already in place.
- Gas Fireplaces - Install per Manufacturers instructions.
- A/C Condensing units are not allowed in the front yards per City Ordinance Sec. 51.03 Subd. C. 7. 5
- Smoke Shut Down is required in any Air Distribution System that has a design capacity of 2,000cfm or more or has common supply or return air plenums.