

**CITY OF GREEN ISLE**  
**PO Box 275 - 310 McGrann South**  
 Green Isle, MN 55338  
 Phone (507) 326-3901 Fax (507) 326-3192  
**BUILDING PERMIT**

**Building Inspector: 101 Development**  
**Phone 320-226-5189**

**MECH. PERMIT**  
**H \_\_\_\_\_**  
 Routed to 101 Development  
 \_\_\_\_\_

DATE: _____	PID# _____	State Bond No. _____	Gas Fitters License No. _____
SITE ADDRESS: _____			

OWNER \_\_\_\_\_

MECHANICAL CONTRACTOR Name / Address / City / State / Zip / Daytime Telephone _____	ESTIMATED VALUE OF WORK TO BE PERFORMED _____
---	---

TYPE OF WORK: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial	New _____ Replacement _____ Other _____
--	---

**WARM AIR**

**UNDERGROUND DUCT SYSTEM: Yes ( ) No ( )**

Gravity \_\_\_\_\_ Forced \_\_\_\_\_

Input B.T.U. \_\_\_\_\_ Output B.T.U. \_\_\_\_\_

**AIR CONDITIONING SYSTEM**

Tons \_\_\_\_\_ CFM \_\_\_\_\_ Ductwork \_\_\_\_\_

VENTILATION / AIR EXCHANGE	
<p style="text-align: center;"><u>Exhaust Only</u></p> <p>No. of Fans _____ Size _____ Type _____</p> <p>C.F.M. Del _____ Static Pressure _____</p>	<p style="text-align: center;"><u>Air Exchange Unit</u></p> <p>Type-Mixing Box _____</p> <p>Heat Recovery Ventilation _____</p> <p>Recovery Efficiency _____ Net Air Flows _____</p> <p>Where ventilation is used/located _____</p>

**WET HEAT**

Baseboard \_\_\_\_\_ In-Floor \_\_\_\_\_

Steam \_\_\_\_\_ Hot Water \_\_\_\_\_

Gross Sq. Ft. \_\_\_\_\_ Input B.T.U. \_\_\_\_\_

**GAS FITTINGS**

Water Heater  Furnace  Stove  Dryer  Grill

Unit Heater  Fireplace  \_\_\_\_\_

**FIREPLACE**

No. of Fireplaces \_\_\_\_\_

Fuel Type \_\_\_\_\_

Mechanical Permit Fee: \$ \_\_\_\_\_

Gas Fitting Permit Fee: \$ \_\_\_\_\_

Plan Review Fee: \$ \_\_\_\_\_

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

\$ \_\_\_\_\_

**Total MECHANICAL Permit: \$ \_\_\_\_\_**

**Mechanical Comments:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of this application by the legal property owner or a licensed contractor, as the owner's representative, is required and authorizes the City Zoning Administrator or designee and the City Building Official or designee to enter upon the property to perform needed inspections. Entry may be without prior notice. I hereby acknowledge that I have read this application and state that all information is true and correct to the best of my knowledge. I further agree that all work performed will be in accordance with approved plans, specifications and conditions and to abide by all ordinances of the City and the laws of the State of Minnesota regarding actions taken pursuant to this permit. **I agree to pay all plan review fees even if I choose not to proceed with the work.** Permit expires when work is not commenced within 180 days from date of permit, or if work is suspended, abandoned, or not inspected for 180 days. Work beyond the scope of this permit, or work without a permit or inspection will be subject to a penalty.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

Signature of (please check one) :  Owner  Building Contractor  Architect,  \_\_\_\_\_

**CITY APPROVAL BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Paid \_\_\_\_\_ Date: \_\_\_\_\_ Receipt No. \_\_\_\_\_ By: \_\_\_\_\_ Route to City \_\_\_\_\_