

APPLICATION FOR MECHANICAL PERMIT
 CITY OF AVON
 140 Stratford St. E., P.O. Box 69
 Avon, MN 56310
 Phone: (320) 356-7922 Fax: (320) 356-2259

OFFICE USE ONLY		
Date: _____	Building Permit No _____	Mechanical Permit No _____
PID No: _____	Lot No: _____	Block No: _____
Addition: _____		

Address of Property: _____

Applicant: _____ Phone: _____

Owner of Property: _____ Phone: _____

Address: _____

Mechanical contractor responsible for installing system: _____

Property Use: Commercial _____ Residential _____

No.	Type of Fixture or Item	No.	Type of Fixture or Item
	Air Conditioning		Ventilation
	Boiler		Gas Log
	Ductwork		Water Heater
	Factory Fireplace		(Other)
	Furnace		
	Piping-Fuel		
	Rooftop Unit		
	Space/Unit Heater		

(\$15 Insp. + \$15.00 Admin. = \$30.00) Appliance Replacement (ONLY)\$ _____

Mechanical Valuation.....\$ _____ X 1%.....\$ _____

Surcharge (valuation X .0005).....\$ _____

TOTAL MECHANICAL PERMIT FEES.....\$ _____

Furnace Efficiency Rating: _____ BTU Input: _____

Signature of Applicant: _____ Date: _____

FOR INSPECTIONS CALL 320-249-7533 A DAY IN ADVANCE
 This is an application only. Permit will be issued after City approval and payment of fees.

Authorized Approval Signature: _____ Date: _____