

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

<b>OFFICE USE ONLY</b>		
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 (\$0.50 for set fees otherwise valuation X .0005).....\$ \_\_\_\_\_

**TOTAL MECHANICAL PERMIT FEES**.....\$ \_\_\_\_\_

Furnace Efficiency Rating: \_\_\_\_\_ BTU Input: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR INSPECTIONS CALL 320-349-7533 A DAY IN ADVANCE**  
 This is an application only. Permit will be issued after City approval and payment of fees.

Authorized Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_