



City of Saint Peter  
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# City of Nicollet

Building Department

PO Box 547

401 Pine St. Nicollet, MN 56074

Phone: 507-232-3474 Fax: 507-232-3217

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

- PLUMBING PERMIT
- MECHANICAL PERMIT
- BOTH
- FIRE SPRINKLERS
- LAWN SPRINKLERS

## PLUMBING-MECHANICAL PERMIT APPLICATION

BUILDING SITE ADDRESS	(OR) LOT	BLOCK	PHONE
PROPERTY OWNER	ADDRESS		PHONE
PLUMBING CONTRACTOR	LICENSE #	ADDRESS	PHONE
MECHANICAL CONTRACTOR	ADDRESS		PHONE
ELECTRICAL CONTRACTOR	LICENSE #	ADDRESS	PHONE
ARCHITECT/ENGINEER	LICENSE #	ADDRESS	PHONE

CLASS OF WORK	BUILDING USE	TYPE OF WORK	TYPE OF STRUCTURE
<input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPLACE WATER HEATER <input type="checkbox"/> REPLACE FURNACE <input type="checkbox"/> HVAC <input type="checkbox"/> OTHER _____	<input type="checkbox"/> SINGLE FAMILY RES. <input type="checkbox"/> TWO FAMILY RES. <input type="checkbox"/> THREE + FAMILY RES. <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> INSTITUTIONAL <input type="checkbox"/> PUBLIC	<input type="checkbox"/> NEW BUILDING <input type="checkbox"/> EXISTING BUILDING <input type="checkbox"/> ADDITION <input type="checkbox"/> REMODEL <input type="checkbox"/> REPAIR	<input type="checkbox"/> PRINCIPLE BUILDING <input type="checkbox"/> GARAGE <input type="checkbox"/> ACCESSORY BUILDING <input type="checkbox"/> TEMPORARY BUILDING <input type="checkbox"/> OTHER _____

**PLUMBING SECTION:** SPECIFY NUMBER OF FIXTURES \_\_\_\_\_ IS A PLUMBING PLAN ATTACHED?  YES  NO

DESCRIPTION OF WORK \_\_\_\_\_

DOES YOUR PLUMBING PLAN INCLUDE A FIRE SPRINKLER  YES  NO LAWN SPRINKLER  YES  NO

**MECHANICAL SECTION:**

**HEATING UNIT** ( Gas) ( Other \_\_\_\_\_) (Efficiency \_\_\_\_\_%) (Size \_\_\_\_\_ BTU)

( Sealed Combustion) ( Direct or Power Vented) ( Atmospherically Vented) ( Other \_\_\_\_\_)

**WATER HEATER** ( Electric) ( Gas) ( Sealed Combustion) ( Direct or Power Vented) ( Atmospherically Vented)

**COOLING UNIT** (Size \_\_\_\_\_) (Seer \_\_\_\_\_)

**ENERGY / VENTILATION SECTION:**

- MINNESOTA ENERGY CODE COMPLIANCE METHOD:**
- CHAPTER 7670 (Attach appropriate worksheet)
  - CHAPTER 7672 (Attach appropriate worksheet)
  - CHAPTER 7674 (Attach appropriate worksheet)
  - CHAPTER 7676 (Attach appropriate worksheet)

**SIGNATURE OF:**  OWNER  CONTRACTOR  AUTHORIZED AGENT \_\_\_\_\_ DATE \_\_\_\_\_

**ESTIMATED VALUE OF WORK (INCLUDING LABOR)** \_\_\_\_\_ IS THIS VALUE INCLUDED IN BUILDING PERMIT?  YES  NO

I certify that the information contained herein is correct and agree to do the proposed work in accordance with the ordinances and codes of the City of Saint Peter regulating building construction. If the person making this application is not the property owner, the applicant represents that the owner has authorized such work and the submittal of the application. Approved plumbing/mechanical permits are issued to the applicant. The permit holder is responsible for all required inspections and corrections to completion.

**BUILDING OFFICIAL APPROVAL** \_\_\_\_\_ **DATE** \_\_\_\_\_

PLUM/MECH PERMIT FEE _____
PLAN REVIEW FEE _____
STATE SURCHARGE _____
TOTAL PERMIT FEE _____
RECEIPT # _____
ISSUED BY _____