



**City of St. Peter**  
**Building Department**  
 227 South Front  
 St. Peter, MN 56082

Phone: 507- 934- 0662 Fax: 507- 934- 4917

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

**PLUMBING-MECHANICAL PERMIT APPLICATION**

- |                          |                   |
|--------------------------|-------------------|
| <input type="checkbox"/> | PLUMBING PERMIT   |
| <input type="checkbox"/> | MECHANICAL PERMIT |
| <input type="checkbox"/> | BOTH              |
| <input type="checkbox"/> | FIRE SPRINKLERS   |
| <input type="checkbox"/> | LAWN SPRINKLERS   |

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 \_\_\_\_\_

<b>CLASS OF WORK</b> <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 _____	<b>BUILDING USE</b> <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	<b>TYPE OF WORK</b> <input type="checkbox"/> NEW BUILDING <input type="checkbox"/> EXISTING BUILDING <input type="checkbox"/> ADDITION <input type="checkbox"/> REMODEL <input type="checkbox"/> REPAIR	<b>TYPE OF STRUCTURE</b> <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.

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

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