

**MECHANICAL PERMIT APPLICATION**

CITY OF NEWPORT  
596 7TH AVENUE  
NEWPORT, MN. 55055  
651-459-5677

**DATE:**

**SITE ADDRESS:**

OWNER	
Owner's Name	
Street Address	
City	
State	Zip
Phone	
Use of Building	

MASTER INSTALLER	
Company Name	
Applicant's Name	
Address	
City	
State	Zip
Phone	

**COST OF JOB:**

**Certification**

The undersigned hereby makes application for mechanical work as herein specified, that all statements herein are true and that all work herein mentioned will be done in accordance with City Ordinances, the State of Minnesota, and rulings of the Inspection Department. This permit may be revoked at any time for due cause.

I hereby certify that I have read and examined this application and know the same to be true and correct.

\_\_\_\_\_  
**APPLICANT'S SIGNATURE                      DATE**

\_\_\_\_\_  
**INSPECTOR'S SIGNATURE                      DATE**

<b>PERMIT #</b>	<b>RECEIPT #</b>	<b>CHECK #</b>
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HEATING PLANT		
SYSTEM	FUEL	TYPE OF WORK
Forced Air	Oil	New
Hot Water	Gas	Replace
Steam Boiler	Electric	Repair
Make		
Model		
BTU Input		
Remarks:		

AIR CONDITIONING	
Make	New
Model	Replace
Cooling Med.	Repair
Cap.in tons	
Remarks:	

OTHER
Describe work: (ventilation, gas piping, refrigeration)

TOTAL COST OF MECHANICAL PERMIT	
Permit	\$ _____
Plan Review	\$ _____
State Surcharge	\$ _____
Total	\$ _____