



MECHANICAL PERMIT APPLICATION

CITY OF NEWPORT
 2060 1st AVENUE
 NEWPORT, MN. 55055
 651-459-5677

DATE:

SITE ADDRESS:

OWNER	
Owner's Name	
Owner Address	
City/State/Zip	
Owner Email	
Phone	
Type of Building (Res. or Com.)	

MASTER INSTALLER	
Company Name	
Applicant's Name	
Address	
City/State/Zip	
Company Email	
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

PERMIT #	RECEIPT #	CHECK #

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	\$ _____