

# City of Virginia MECHANICAL Permit Application

Engineering Department

327 First Street South, Virginia, MN 55792

Phone (218) 748-7500

Fax (218) 749-3580

Date: \_\_\_\_\_

Permit No. \_\_\_\_\_

Receipt No. \_\_\_\_\_

<b>SITE</b>	Site Location			Lot	Block	Addition	
	Legal Description					Parcel Code	
	LOT SIZE	WIDTH	DEPTH	FRONT SETBACK	SIDE SETBACK	SIDE SETBACK	REAR SETBACK
<b>OWNER</b>	Owner					Contact Person	
	Owner Address					Phone	
	City, State, Zip					Fax No.	
<b>CONTR.</b>	Contractor			State of MN. Bond No. .		Contact Person	
	Contractor Address					Phone No.	
	City, State, Zip					Fax No.	
<b>DESIGN FIRM</b>	Designer			Registration No.		Contact Person	
	Firm Address					Phone No	
	City, State, Zip					Fax No.	
<b>APPLICANT</b>	<b>Permit Applicant is</b> <input type="checkbox"/> Owner <input type="checkbox"/> Designer <input type="checkbox"/> Contractor <input type="checkbox"/> Other; Specify _____						
	Applicant Name					Applicant Phone No.	
	Applicant Address					Applicant Fax No.	
<b>PROJECT</b>	<b>Permit is for:</b> <input type="checkbox"/> Steam Conversion <input type="checkbox"/> New <input type="checkbox"/> Replace <input type="checkbox"/> Other; explain _____						
	<b>Type of System:</b> <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Steam <input type="checkbox"/> Other; explain _____						
	<b>HEAT LOSS CALCULATIONS:</b> required for residential permits (MSBS Chapter 7670.0610, and /or 7672.0900)						
	<b>ESTIMATED \$ VALUE OF THE PROJECT:</b>						

Details or comments \_\_\_\_\_

*I hereby certify that I have read and examined this application and know the same to be true and correct. All provision of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.*

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

**DO NOT WRITE BELOW THIS LINE**

Type of Const.	Occupancy Group	Max. Occupancy Load		State Surcharge (minimum 50 cents)	\$
Size of Bldg. (Total Sq. Feet)	Use Zone	Fire Sprinklers Required <input type="checkbox"/> Yes <input type="checkbox"/> No		Permit Fee	\$
Total Impervious Surfaces				Plan Inspection Fee	\$
<b>SPECIAL APPROVALS</b>	<b>REQUIRED</b>	<b>RECEIVED</b>	<b>NOT REQUIRED</b>	<b>TOTAL</b>	\$
Building Official					
Alternate Design Method/Material					
Dept. of Public Utilities					