

DATE _____

Office Use:

_____ PERMIT NO. _____ RECEIPT #

CITY OF LEWISTON
 75 Rice Street, Lewiston, MN 55952
 507-523-2257

MECHANICAL-HEATING PERMIT APPLICATION

(Please print or type.)

Installation Address: _____ Suite/Unit _____

Applicant is: ___ Owner ___ Contractor

Property Owner Name: _____ Phone: _____

Address: _____ State: _____ Zip: _-__

Contractor Name: _____ Phone: _____

Address: _____ City: _____ State: _____

State License No.: _____ Email Address: _____

Description of Work: ___ New Add-on Replace Alter

SYSTEM TYPE: ___ Hot Water ___ Steam ___ Warm Air ___ Kitchen Hood ___ Makeup Air

MAKE: _____ MODEL: _____

BURNER TYPE: Gas___ Oil Wood Liquid Petroleum

FLUE: _____ Size ___ New ___ Existing _____ Type (Class "B", Masonry, PVC)

SIZE: BTU Input _____

GAS PIPING: _____ feet installed. ___ Copper ___ Black Iron ___ SS Flex ___ No. Outlets

Gas pressure into building: _____

REMARKS: - (Specify any removal or nature of alteration) _____

*Gas piping pressure tests are required. * Combustion air

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PERMITS FEES: Permit fee: _____ required. +! Surcharge fee: _____ = Total

The undersigned hereby makes application for a permit to do heating installation work as herein specified, agreeing to do all work in strict accordance with the Minnesota Mechanical Code.

 Signature of Contractor or Owner

 Lewiston Authorized Signature