

MECHANICAL PERMIT APPLICATION

CITY OF LAKEVILLE BUILDING INSPECTIONS DEPARTMENT 20195 HOLYOKE AVENUE LAKEVILLE, MN 55044 952-985-4440 www.lakevillemn.gov

Office Use Only	
-	
Permit Number	
Received By	
Date Received	
Permit Fee	

			Permit ree			
DATE	YOUR E-MAIL ADDR	ESS				
SITE ADDRESS						
TENANT	TENANTSUITE NO					
THE APPLICANT IS:	RESIDENT OWNER C	ONTRACTOR				
RESIDENT OWNER	NAMEADDRESSCITYDAYTIME PHONE # WHERE YO	STATE	ZIP			
CONTRACTOR Company Name must be as listed on State Bond	COMPANY NAME BOND #: ADDRESS CITY OFFICE PHONE # CONTACT NAME	EXPIRATI STATE FAX #	ON DATEZIP			
PERMIT TYPE	COMMERCIAL ONLY NEW HVAC SYSTEM AIR CONDITIONER REFRIGERATION GAS PIPING VENTILATION FIREPLACE ADDN/REPAIR/REPLC IN FLOOR WATER HEAT MISC	RESIDENTIAL FURNACE FURNACE/AIR COND AIR COND GARAGE HEATER FIREPLACE GAS PIPING Residential Permi	VENTILATION			
TYPE OF WORK	NEW REPAIR	ADDITION REPLACE	ALTER / REMODEL DEMOLITION			
JOB DESCRIPTION:						
SYSTEM MAKE: SYSTEM SIZE:						
conformance with the ordinan	ical permit and I acknowledge that the ces and codes of the City of Lakeville a for a permit and work is not to start without	nd with the Minnesota Mechanical	Codes; that I understand this is not a			

the case of all work which requires review and approval of plans.

NAME OF APPLICANT (Please Print):	 Date: _	
SIGNATURE OF APPLICANT:		

PLEASE NOTE: SEPARATE PERMITS ARE REQUIRED FOR ANY BUILDING, PLUMBING & ELECTRICAL WORK

OFFICE USE

SYSTEM TYPE:		REQUIRED INSPECTION:		
NEW		CAPTURE & CONTAINMENT FINAL		
ADDITION		DUCT SMOKE DETECTOR TESTING		
REPLACE		FIREPLACE FRAME		
ALTER/REMODE	L	FIRE/FIRE SMOKE DAMPER TESTING		
REPAIR		FINAL		
DEMOLITION		GAS TEST		
		ROUGH IN		
PERMIT FEE HEATING PERMIT FEE: SURCHARGE: OTHER: TOTAL:	\$\$ \$\$ \$\$			
ISSUED BY:		DATE:		