



MECHANICAL Permit Application

City of Chaska
One City Hall Plaza
Chaska, MN 55318

Phone 952-448-9200
Fax 952-448-9300

PERMIT NO. M- _____

Site Address: _____ Date: _____

Owner: _____ Phone: (____) _____

Contractor _____ Mechanical Bond # _____ Phone: (____) _____

Contractor's Address: _____ Fax: (____) _____

City: _____ State: _____ Zip Code: _____ E-mail Address: _____

Type of Work: New Replace Alteration Repair Addition

HEATING SYSTEM

OTHER SYSTEMS

Furnace Make: _____

Air Conditioning Make _____

Furnace Model #: _____ Size: _____

A/C Model # _____ Size: _____

Fuel: _____

Bath Vent(s)CFM _____ Dryer Vent _____

Flue Diameter: _____

Range Hood Vent(s) BTU _____

Input BTUs _____ Output BTUs _____

Combustion Air Size _____

Other: _____

Ventilation System: Balanced Exhaust only

Gas Piping: Furnace Water Heater Dryer Stove Fireplace(s) Garage Heater Other _____

REQUIRED INSPECTIONS:

Rough-in Inspection: Pressure test gas line(s) for ½ hour @ 25 PSI minimum. Schedule when all ducting and other components to be concealed are complete and prior to being covered.

Final Inspection: Shall be made upon completion of mechanical system.

VALUATION OF MECHANICAL SYSTEM		(MIN. PERMIT FEE)	PERMIT FEE
		\$30.00	
Job Valuation \$ _____			State surcharge
Permit Fee	x 1.5% if valuation is less than \$25,000.00 x 1.25% if valuation is more than \$25,000.00		Job value X .0005
I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT.			Comm. plan review
Signature _____			10% of permit fee
			TOTAL PERMIT FEE

Official Use Only

Paid by: Check Cash

Approved by: _____

Accepted by: _____