



City of Belle Plaine  
 218 N. Meridian Street  
 P.O. Box 129  
 Belle Plaine, MN 56011

Inspection Department **Email Permit**  
 Building Official, Jim Tiegs  
 Phone: 952-873-5655  
 Schedule Inspections: 952-873-5553  
 Fax: 952-873-5509

<b>MECHANICAL PERMIT APPLICATION</b>	Mechanical Permit: Building Permit:
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<b>SITE</b>	Address: _____	Belle Plaine, MN
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PID:	Lot Number:	Block Number:	Subdivision:
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<b>OWNER</b>	Name: _____	Phone: _____
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Address: _____	E-Mail: _____
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Signature of this application by the legal property owner or a licensed contractor, as the owner's representative is required and authorizes the City of Belle Plaine Zoning Administrator or designee and the City of Belle Plaine Building Official or designee to enter upon the property to perform needed inspections. If entry is refused, the Building Official shall have recourse to the remedies by law to secure entry. Permit may be suspended or expired when building and work is not commenced within **180 days** from the date of Permit issued, or if building and work suspended, abandoned or not inspected for **180 days**. I agree to pay all plan review fees, even if I choose not to proceed with the work. Refunds shall be per the City of Belle Plaine Fee Schedule. A request in writing shall be submitted within 180 days of fee payment by the original applicant. **I hereby acknowledge that I have read this application and state that all information is true and correct to the best of my knowledge. I further agree that all work performed will be in accordance with approved plans, specifications and conditions, and to abide by all of the ordinances of the City and the Laws of the State of Minnesota regarding actions taken pursuant to this permit.**

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**STRUCTURE USE:**  Residential  Commercial | **WORK CLASS:**  New  Addition  Remodel  Replacement

<b>CONTRACTOR</b>	<input type="checkbox"/> Homeowner	<input type="checkbox"/> Contractor / Company:
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Phone: _____	Mechanical Bond: _____
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Address: _____ City, State, Zip Code: _____	E-Mail: _____
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<b>WORK DESCRIPTION:</b>	<b>VALUATION: \$</b> <i>(Labor &amp; Materials)</i>
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*Electrical permits are needed for installation or change-out of any hardwired item and upon installation/change-out of furnace, AC, fireplace, electric water heaters, etc. Electrical permits are required under Mn. Stat. 326B.36 – Construction Codes, Licensing (Electrical).*

**EQUIPMENT PROPOSED**

<input type="checkbox"/> <b>Furnace:</b> BTU Rating _____	<input type="checkbox"/> <b>A/C:</b> Seer _____	<input type="checkbox"/> <b>Boiler:</b> BTU Rating _____
<input type="checkbox"/> <b>Fireplace:</b> BTU Rating _____	<input type="checkbox"/> <b>Air Exchange:</b> CFM _____	<input type="checkbox"/> <b>Exhausting Device:</b> CFM _____
<input type="checkbox"/> <b>New Outlet:</b> _____	<input type="checkbox"/> <b>Hardwired:</b> _____	

**OFFICE USE ONLY MECHANICAL FEES**

<b>Mechanical Permit Fees</b> (Residential Min. \$50.00 / Commercial Min. \$75.00)	
Number of Fixtures: _____	Date Received: _____
Permit Fee: \$ _____	Form of Payment: _____
State Surcharge: \$ _____	Issue Date: _____
Other: \$ _____	Transaction Number: _____
<b>Total:</b> \$ _____	Issued By: _____

Building Official or Designee: _____	<b>Date:</b> _____
<b>Zoning Administrator or Designee:</b> _____	<b>Date:</b> _____

Revised 3/2020